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PREFACE

BLINDNESS 1969 is the sixth issue of an annual published by the American Association of Workers for the Blind under a training grant from the Vocational Rehabilitation Administration, Department of Health, Education, and Welfare. It is our plan to provide a forum for important and timely articles—with depth—in our own field and in related fields. Experts in the many categories of work with blind persons will be commissioned to conduct the essential research and prepare the articles so that their continuing value will be assured.

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THE PERSONALITY OF COUNSELING

By Clayton A. Morgan, Ed.D.

*Personality is what people feel
when in your presence —
What people see
when they look at you —
What people hear
when you speak.*

This quote credited to Elizabeth Ferguson Van Hess captures the thesis of this paper: the most important variable the helping person brings to the counseling relationship is himself.

It is possible to conceive of the person and the act as being often one and the same. Could Emerson have had this in mind when he wrote “Do not say things. What you are stands over you the while and thunders so that I cannot hear what you say to the contrary”.

Do we play games with methodology? Can technique be shadow without substance which we credit for whatever measure of success we enjoy? Is the key to the real answer found in the quality of the human encounter—the impact of personality on personality?

Who may effect the greater healing with a given patient in a mental hospital—the psychiatrist or the ward aide? In a grade school setting could it be that a janitor may influence more young lives than the principal?

Should we be aware of dangers inherent in a high degree of professional training which could serve to lessen our effectiveness in terms of what others may “feel . . . see . . . hear” when in our presence? Could we be tricked through training rituals into trusting client outcome to factors and formulas separated by intellectual surgery from ourselves?

What validity is there in the following observations made by Dr. Leo Bartemeier at a meeting in Langhorne, Pa., in 1961? “Each important addition to our knowledge of man, it seems, involves a loss of something we previously prized. The rise of modern medical science, for example, has been followed by the relative disappearance of humanism in the daily practice of medicine.

As we become increasingly engrossed with scientific method, we tend to depreciate the value and effectiveness of our own humanity. Our preoccupation with intellectual pursuits diminishes our sense of being human, and we tend to lose the partial identification we once had with those who seek our professional services. We tend to become emotionally defective in our care of the patient, forgetting he needs our personal warmth and consideration as much as the medications we prescribe.” (2)

What does Dr. Bartemeier mean by “the value and effectiveness of our own humanity”? Is Dr. Bernard Steinzor referring to the same thing in his book, *The Healing Partnership*, when he states that the healing relation does not rest upon “a systematic foundation, but . . . thrives in the strength-giving medium of personal interaction and response” and that “the theories the therapist proclaims or the school to which he professes his allegiance are irrelevant”? (12)

Dr. Robert R. Carkhuff echoes the same conviction when he states that research indicates “we can account for the greatest part of the counselor’s or the trainer’s effectiveness independent of his orientation and technique by assessing the level of facilitative conditions offered by the counselor” and “training in the helping professions may be for better or for worse . . . there is substantial basis for believing that counseling and therapeutic efficacy is largely independent of therapeutic cults, schools or disciplines of therapy.” (3)

In the field of teaching beginning reading, there are several dozen new programs which have been introduced in recent years. In an attempt to bring some order out of the welter of claims and counter-claims, the U.S. Office of Education financed over 20 studies to determine which method was best.

As reported in *The Instructor* for May, 1968, no one method has been found better or best. After studying the evidence, authorities have concluded that the principal variable in the classroom is the teacher. The children who do best are those who have the best teachers irrespective of the method used. (11) Does this conclusion detract one iota from the continuing need to conduct research in teaching reading? No. It serves but to highlight the “human factors” so essential for success in this area.

Dr. Albert E. Schflen of Temple University Medical Center has said: “We can cite papers which purport to show that each of the two hundred odd treatments introduced in psychiatry in this century has produced excellent results. Other papers show that each of these methods is ineffectual. Each of these treatments is administered in a social situation. The enthusiasm, relatedness, interest, etc. of the staff seems to be crucial. We are a bit like panicky baby-sitters trying everything to quiet the crying child. If we hit the right pattern, we get a result. We may attribute the result to whatever hocus pocus we were doing at that moment or to our favorite bias.” (9)

Have we forgotten that one of the best ways to get across an idea is to “wrap it up in a person”?

Helen Keller, in writing about Alexander Graham Bell, said that he had “the art of making every subject that he touched interesting, even the most abstruse theories. He makes you feel that if you only had a little more time you, too, might be an inventor”.

Lofty Mountain Peaks on the Horizon of Memory

Two speakers can cover the same content. One leaves us cold. The other one leaves us stimulated and interested. The same analogy applies to instructors we have had. In time we may forget much of the subject matter but the outstanding teachers in our lives stand revealed as lofty mountain peaks on the horizon of memory.

What are those elusive factors which condition the helping climate—which enhance the likelihood that the resources we make available will be accepted and put to good use by the client?

Let us pause for a moment to recognize the importance of these other “resources” such as technical competence, being able to define and solve problems, identifying, organizing and utilizing human and material resources—all of which are so essential for success as a rehabilitation worker. We realize that “good intentions” alone at best may be stupid and at worst vicious. Properly used, an organized body of relevant knowledge helps provide the vision and direction for the hands and feet and brains of active good will.

However, in this paper we are focusing on the “people” aspects of the helping relationship—the factors which help nourish in those helped a feeling of dignity and worth. We are concerned with such variables as those being researched by McPhee and associates at the University of Utah which stress the kinds of behavior which facilitate the rehabilitation process. (6) These evade being captured and copyrighted by any one organized group or discipline. A mischievous sprite, help-which-makes-a-difference, wears a thousand faces and can be equally at home—and effective—dressed in a mortar board or overalls.

Addressing our attention to counseling, historically we have often talked about the various techniques. We have sometimes discussed the Rogerian technique, being directive or non-directive or eclectic as though these are approaches we can put on or slip off like a suit of clothes. Some of us put great store by our particular label. It sounds rather contradictory. How on earth can people agree on what they want and yet so heartily disagree on the way these things are to be accomplished?

E. H. Porter has pointed out that it cannot help but be “confusing to the beginner (as well as to the old-timer) to understand how the other person apparently gets results when it seems so obvious that he is operating on a completely incorrect theory of personality and using techniques which cannot be anything but harmful or ineffective.” (7)

What is the answer to the dilemma? It is both simple and profound. Too often we have confused the miracle with the mirage. Man is the miracle. Labels are a mirage.

The cult of conformity may dull but it can never erase the fact of our individuality—how each of us in his own way radiates a peculiar combination of psycho-social influences expressed in a body which geneticists tell us is strictly “one of a kind.”

We reflect the distilled essence of myriad forces, the delicate and merging interplay of heredity and environment, the deliberate and subtle incorporation into the fabric of our lives the things which make each of us a distinct being.

In his book, *Free and Unequal*, Roger Williams points out that each person has many signatures: the way he walks, his manner of speech, the geography of his face. A man’s blood chemistry is more distinctive than his fingerprints. (17)

Is each person’s influence also as distinctive as his blood chemistry or his fingerprints? Is this a non-transferable birthright? Does our behavior on occasion reflect our uneasiness at such a prospect? Do we sometimes try to hide, protect or camouflage ourselves with sophisticated jargon, ornate desks and other kinds of synthetic fig leaves?

How pathetic it can be when the trappings fall away—leaving us psychologically naked! The borrowed techniques, the degrees, the “good” works we perform . . . do all of these in the final analysis play second fiddle to the basic common denominator: man himself—what he *is*?

But should we cringe at the thought of being open to experience and open to others? Dr. Frederick A. Whitehouse has taken a careful look at this question and written, "Perhaps you have noted that the top men in any profession are simple and unpretentious. They do not fear. They are not constricted. They do not tremble before the prospect of self-revelation." (15)

. . . the Contagion of A Great Spirit'

Robert W. Youngs tells the story of a young man who had a serious problem and sought an interview with Phillips Brooks. Prior to the interview he went over the problem repeatedly in order to phrase it clearly to the counselor.

The interview was an unforgettable experience. Halfway home it occurred to the young man that he had forgotten to mention his problem to Brooks. "But," he said, "it did not matter. What I needed was not the answer to my problem so much as the contagion of a great spirit."

Evidently Brooks gave freely, gladly, openly of himself.

Man is technique! The counselor is technique! The personality of counseling is the helping person himself!

A number of years ago, there was a cartoonist named Sydney Smith who produced a comic strip called "The Gumps". Mr. Smith was killed on a rain-slick highway in an auto accident. Another man attempted to keep "The Gumps" alive. The effort was short lived. Why? There was but one Sydney Smith. He was gone. Sydney Smith was technique.

The story is told that Alben Barkley, former Vice-President of the United States, made an excellent score the first time he tried his hand at skeet. An experienced skeet shooter advised Barkley that his form was badly "off". For some time the Kentuckian took careful note of such things as *the* correct way to stand and hold the gun to his shoulder.

Eventually Mr. Barkley was rating excellent on form but miserable on his score. At last he realized how ridiculous he was behaving and returned to the technique which came most natural for him. He thereupon promptly outscored his "coach".

The Tragic Comedy of Trying to Adopt Rather than Adapt

In the field of counseling, is it possible that at times we may have become so involved with brand names that the essentials have taken a back seat? Could it be that we often find ourselves toying with techniques while the quality of what we ourselves can be lies fallow and largely undeveloped? Of course we remain alert to alternatives. We carefully study the approaches employed by our colleagues and others which may contain leads for self-improvement. But what a tragic comedy we play when we try to adopt rather than adapt!

Granted the validity of the assumption that the counselor makes a difference because of what he himself is, let us examine certain facets of the personality of counseling which come to life through the "laying on of hands" vis-a-vis person-to-person contact.

One of these is the counselor's attitude toward his client's disability. Perhaps this in itself is a distinguishing characteristic of the rehabilitation worker. It may be asked,

“Really, does it make too much difference how I feel toward blindness or epilepsy or mental retardation?” Does it make a difference?

Cold, analytical logic may tell us it should not make any difference. After all, if the client is provided “the services” why should he be concerned about how we feel? But the client is not coldly analytical (neither is the professional person although some will become objectively enraged if you question their objectivity).

What are we talking about? We are focusing on the attitudes we have about disability and handicapping conditions and the fact that we express these feelings to the client in a hundred tongues. We are facing realities which transcend the intellectual or literal content of any school of thought or technique. How easily we can tell a client “the resource of our agency are at your disposal; we want to help you” and at the same time be figuratively grabbing him by the collar and giving him a swift kick in the pants . . . to wish inwardly that this problem child of society would go away and bother us no more! Which message does the client receive—the verbal one or the real one?

Another Variable in the Personality of Counseling

Closely allied to attitudes, the personality of counseling has another variable which goes far in determining our batting average: belief. “One person with a belief is a social power equal to ninety-nine who have only interest.” John Stuart Mill might have expanded his “ninety-nine” to “nine hundred ninety nine” had he been applying this concept to the rehabilitation worker.

Occasionally we may hear a professional in effect say — “I provide the services; I discuss a client’s problems with him; I arrange for the training; I find a place for him to go to work. What difference does it make what I believe? I think every man should lead his own life.”

Is it possible to separate our basic beliefs and the way we behave toward our clients? Can our beliefs be compartmentalized? “The Gods we worship write their names in our faces”. Do our clients read our faces?

What is the depth of the counselor’s belief that his clients can change and grow? Does he treat clients as though they will continue as they were — or are — instead of in terms of what they can be? What is one of the most chronic problems of the reformed alcoholic? Is it that too often people persist in treating him as though he is still an active alcoholic? Who has not heard the unspoken cry: “If only some one would believe in me. If only people would not make up their minds about me too soon.”

Can it be that the basic beliefs of the helping person could often determine how far the client’s hand may reach?

So much for the high-sounding phrases and ringing pronouncements. But what happens when the theoretical and hypothetical come alive in flesh and blood? . . . What is our response when there stands before us a handicapped person with a name, a given set of physical characteristics, a social history, likes and dislikes, strengths and weaknesses: a frail human being?

How well do we wear the mantle of deferred judgment when we are charged with the responsibility both to know and help him?

We see him functioning in a variety of circumstances . . . when he is hungry, filled, tired, lonely, cheerful, elated. We see him when he is depressed, when he tries, when he gives up.

When do we type-cast him?

When do we make up our mind about him?

Do we give him a batting average after only one time up? What if the first time up he strikes out? Or knocks a home run? Do we decide his fate the second time he is at bat? Or the third? Or the fourth? When . . . if ever?

Do we project his tomorrows as an endless repetition of his todays? Dare we let repeated disappointments dull our vision of what he might become, or the next person entrusted to our care, or the next or the next? Dare we care enough to be made to look like a fool sometimes and yet continue to care in the faith that what we are and how we perform may make a difference — if not to this one, then perhaps to the next one, or the next? How can we tell when the most routine everyday act is not a princely opportunity in work clothes?

A practical application belief and deferred judgment in action has been demonstrated in a special project sponsored in Harlem for school dropouts by the Christian Action Ministry. According to a report appearing in the November-December, 1968, issue of *Think*, the results of working with these young people in the 15-25 year old bracket have been spectacular. (8)

Unshakable Faith — Staff Talent — Love

When asked why Harlem Prep ‘works’, headmaster Edward Carpenter responds unhesitatingly that “it is due less to the talent of the staff — though there is no doubt that they are very gifted teachers — than to their unshakable faith that the students can make it. That, and love, a word Carpenter is not ashamed to use.”

Dr. Kenneth Clark repeatedly uses the word “genuine” in writing about ghetto youth and their ability to see through sham and hypocrisy.

They are constantly testing the genuineness of human contact and acceptance . . . what is offered must really be genuine. Ghetto ears . . . will accept only evidence of respect for their humanity, their capacity as human beings, their ability to learn the way people learn, their ability to perform with the same standards by which other people’s performances are evaluated. And in respecting these demands you will be giving not verbal but genuine acceptance of them as human beings”. (4)

“Aged Long-term Hospital Patients Show Restorative Potential” is the title of a recent article describing an experiment with 700 “chronic geriatric patients” who were over 65 years of age. Acting on the “pre-conceived notions about the high restorative potential of elderly residents of state hospitals” over 70 percent of the patients “improved sufficiently to return to community housing or to simplified care settings.” (*Roche Report Frontiers Of Hospital Psychiatry*, October 15, 1968.)

We would not imply that all rests or falls on the will or beliefs of the teacher or counselor, the rehabilitation worker, or the helping lay person. At the same time, there is ample evidence that the helping person’s belief in his clients’ abilities may restrict or expedite the opportunity for talents to be expressed.

Let us examine in greater depth this matter of belief. Suppose we were given a sheet of paper with the two words written, “Man is _____”. What would we put in the blank? How much of the page would we use? Just what do we think man is: a bundle of reflexes? A conditioned machine? Does man find it fun to learn? Would we say that arthritis of the mind develops as man grows older? Is man “naturally” lazy or does he welcome purposeful activity? Would we hang labels or categories on man such as “welfare client” or “the deaf” or “the blind”? Does it really matter what we believe about others?

Examples From History

In partial answer to some of these questions, consider some examples from history. What did William Penn see when he looked at an American Indian? A bloodthirsty, irresponsible savage? An uncivilized sub-human who was never to be trusted or treated as an equal? You know the story. Responding to Penn’s fairness in dealing with them and his belief that they were responsible and to be trusted, the Indians made a treaty with Penn which was honored for two generations. How different would the story of the American frontier be if there had been more William Penns?

Let us take another example from a past generation. Dorothea Dix saw beyond the myths surrounding “insanity”. Her vision cut through the tattered veil of moth-eaten assumptions and glimpsed fresh, unexplored worlds. A man could be shackled in a tiny stone cell and fed swill but Miss Dix dared to believe that behind his tortured face was a hope. She believed that with patience and love and understanding and intelligent effort such a person could be helped.

Do we believe what we see or do we see what we believe? How can two people look at the same person yet evidently not really see the same person? One sees hope – the other sees hopelessness.

A swimmer’s body follows the bend of his head; appropriate action follows in the wake of belief.

In the Delta Kappa Gamma bulletin for the fall of 1967, there is related “the story of a sculptor whose yard backed that of a family with a young boy. The youngster used to climb on the fence to watch the sculptor. After he had been away for the summer, he returned to find the work covered with a cloth. When the sculptor saw him, he drew back the cloth to display a gigantic and beautiful lion. The boy looked and gasped, “How did you know he was in there?” (10)

Gradually we are being given exciting glimpses of additional ways *belief* operates in a helping relationship. Robert A. Rosenthal has reported on research designed to determine what effect “level of expectation” would have on a group of children in kindergarten through the fifth grade. The children “were given a ‘new test of learning ability’. The following September, after the tests were ‘graded’, the teachers were casually given the names of five or six children in each new class who were designated as ‘spurters’ possessing exceptional learning ability.

“What the teachers didn’t know was that the names had been picked in advance of the tests on a completely random basis. The difference between the chosen few and the other children existed only in the minds of the teachers.

“The same tests taken at the end of the school year revealed that the spurters had actually soared far ahead of the other children, gaining as many as 15 to 27 I.Q. points.

Their teachers described them as happier than the other children, more curious, more affectionate and having a better chance of being successful in later life.

“Again, the only change had been one of attitudes. Because the teachers had been led to expect more of certain students, those children came to expect more of themselves.” (5)

Dr. Whitehouse has reported the case of a man who had a severe case of asthma. His doctor prescribed a new drug. The patient showed dramatic improvement. Then the doctor decided to see if a placebo or sugar-coated pill would give the same effect. The doctor gave the man the placebo and his asthma returned. When the doctor again prescribed the drug the patient’s symptoms subsided.

Again the doctor went through the cycle of alternating the new drug with the placebo. The drug was effective. The patient’s asthma returned when he took the placebo.

When the doctor exhausted his supply of the drug he wrote the pharmaceutical firm, reported his experience, and requested a fresh supply. The doctor received a letter from the company telling him that they had had doubts about the curative powers of the drug and that the original shipment to the doctor was not a drug at all but a placebo. (14)

Faith is the Deciding Factor

What would seem to be the dynamics operating in this particular situation? The doctor “knew” when he was administering the sugar-coated pill. Evidently when prescribing the placebo he unconsciously communicated his doubts to the patient. The patient grew worse. When the doctor had faith in the medication, the patient improved — with nothing but a placebo being used all the time.

How ironical that sometimes we have been tempted to think we could condition ourselves to bring a bland, sterile sort of objectivity to the helping encounter. Yet the words “counsel” and “help” are saturated with value connotations. Dr. Bernard Steinzor, a practicing psychotherapist in New York City, approaches the question from a refreshingly different viewpoint.

Dr. Steinzor states: “I think it would be a good idea and quite useful for every patient to obtain from the therapist a concrete description—perhaps even in writing—of just what philosophy he is “selling”. The patient does have the right to know what kind of person he is choosing and what he is “buying.” And since we therapists prize honesty, we should warn the patient that it does make sense to hesitate before entering psychotherapy. A democratic society is based on the making of choices which grow out of the voter’s consideration of as much information as can be obtained. Throwing in one’s lot with a therapist is one of the most crucial votes a person can cast.” (12)

What are the implications to those of us working in rehabilitation? How can we be reasonably sure that our beliefs are working on the side of the client? Could it be that in our sincere desire to avoid “playing God” we have tried to throw out the baby with the bath?

Some additional variables of the personality of counseling are highlighted by research being conducted at the Arkansas Rehabilitation Research and Training Center by Dr. Charles B. Truax and his associates. Truax has identified the triad of 1) accurate empathy, 2) nonpossessive warmth and 3) genuineness, as qualities of persons who successfully work with others. (13)

Philosophically we have for many years listed these factors as being of great importance. For example, we have long suspected that certain therapists are more effective than others. It now develops that some therapists are not only ineffective . . . based on Truax's criteria, many of such therapists' patients actually deteriorate when under their "care". By the same token, most of the patients of certain other therapists show a high rate of improvement.

Truax has reported that there is a significant relationship between those therapists who rate high on the triad of accurate empathy, non-possessive warmth and genuineness and the therapists who have a higher success rate. There is also a correlation between those therapists who rate low on the triad and those who have a low success rate.

There is another interesting aspect of Truax's research. Let us use the illustration of an instructor in auto mechanics. What factors do we commonly think are essential for a person to be successful as an instructor in this field? He must know an automobile inside and out; he must know the vocabulary of his trade and be able to use words which students will understand; he must be able to develop a plan of study, ask questions, lead discussions, conduct demonstrations and give examinations.

It would seem that we have failed to take into account some other important factors. The research results indicate that the degree to which an instructor of technical subjects rates high on the triad will have a measurable bearing on the extent to which his students will master the subject matter.

In other words, students who are under the supervision of instructors who rate low on accurate empathy, genuineness and non-possessive warmth learn significantly less than students who have instructors who rate high on the triad. In common with the rehabilitation worker the instructor is also technique.

The implications of these findings are creating widespread interest and discussion. Today in attempting to provide an increasing volume of rehabilitation services, more and more agencies have begun to utilize support personnel. When carefully selected and utilized, can support personnel be used without sacrifice of professional standards? The research reported by Truax, Berenson, Carkhuff and others would indicate that the answer is a strong yes. (3, 12)

The Lay Helpers and Their Real Value

The trained rehabilitation professional, more than ever in short supply, can spend but a small fraction of time with a particular client. Is this per se enough to repair and rewind the mainspring of client motivation toward a fuller tomorrow? The answer is starkly evident. Since the year one, the invisible army of lay helpers has significantly determined the success or failure of rehabilitation plans. This does not detract from the continuing need for and the importance of the trained professional worker. Rather it helps us view in broader perspective the many constructive forces working in the interest of achieving the goal of "helping people better help themselves."

"The value and effectiveness of our own humanity" comes alive in attitudes and actions of family, neighbors and even casual acquaintances. We may have sometimes—in our more provincial moments or in sheer, "well-meaning" ignorance—tried to insure that the secrets of counseling or therapy would be kept pure and undefiled and revealed only to those who have endured the extended discipline of an academic mating dance.

Accurate empathy, genuineness and non-possessive warmth are neither guaranteed nor denied by degrees, station in life, age, accent or sex. These factors—or qualities—can neither be bought nor sold.

'... Tend to Become What We Believe'

Perhaps, as Margolin stated in a recent paper, we need to reexamine the ancient charge given by Thales in 200 A.D. "To know one's self" . . . to delve into our "own attitudes and feelings and how these affect the rehabilitation of the client." (5)

This brings us once again to the common denominator of man himself. *What we are* is basic to the effective implementation of what we do. We gravitate toward and tend to become what we believe. Likewise, to repeat, there is an increasing body of evidence to indicate that what we believe about man — about a client — is, over a period of time, communicated to him irrespective of what we say.

Let us again state that we are not expecting a rehabilitation worker to be a superman or a superwoman. Each of us has his own frailties and strengths, his successes and failures, his good days and bad days. We are not speaking of perfection; rather it is process — the ever-present challenge of becoming. It means the zest for learning more about the mystery of who we are — of developing a sharper sensitivity to the feelings and needs and interests and abilities of our clients. Too, it means demonstrating many additional qualities which we have not discussed in this paper.

Marcus Bach in his book, *The Power Of Perception*, has written that "it is not uniformity we need but understanding; not tolerance but insight; not points of view but points of connection . . . the ability to feel the commonly unfelt." (1)

Another quotation from this same book by Bach summarizes well the central thought we have been trying to present:

He gives me Darshan . . . Darshan means a power and fortitude that comes to a person merely by being in the presence of a great soul. That was why the Hindus flocked in such numbers to see Pope Paul during his India visit. They did not want Catholicism; they wanted Darshan. That is why they followed Gandhi. They did not care so much for freedom from Great Britain as they did for Darshan. That is why they were beginning to love the memory of Albert Schweitzer. They had not agreed with his interpretation of Hinduism, but they knew he had something that rubbed off: Darshan. Darshan is empathy, consciousness, expectation, apprehension of the highest possible sort, the instinctive knowing that goodness eventually wins over evil, strength over weakness, faith over fear. Darshan is hope around the bend . . . (1)

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INTER-PROFESSIONAL COMMUNICATIONS AMONG WORKERS WITH THE BLIND

By W. Alfred McCauley

Professionals serving the blind person generally demonstrate an attitude of exclusiveness in practice which creates barriers to inter-professional communication. This exclusiveness even appears among those who practice somewhat independently such as the physician and the psychologist and other professionals into whose service domain the client passes.

Serving the whole person in need is a complex process. It requires interdependence in professional practice, yet most professional disciplines do not train for interdependent practice in this complex process, and we often hear that the practitioners serving the blind client are inadequate in communication skills to compensate for this weakness in training.

Blindness and its attendant problems affect the whole person, requiring interdependent professional service and inter-professional communication in the total service process. These communication problems, their bases or origins and their impact on the service process is the subject we are about to explore. We professionals are challenged by the remarks of the late Willi Ebeling, one time vice-president of Seeing Eye, Inc., when he said, "To understand and to be understood encourages the will to do; super-imposition of self discourages." This is our challenge in communication and interaction with professional peers. (AAWB)

Impact of Service Systems on Inter-Professional Communications

Social service systems have evolved for meeting the needs of people with problems. Amateurs built these systems and professionals invaded them. Professionals have fashioned bit by bit the rules and regulations and have institutionalized the ideas and practices of these systems. Old rationales and theories, based upon pragmatic values, without much supporting knowledge from formal research, became the basis for organizing knowledge for professional preparation and practice. Professionals then gradually shaped their evolution, whether always serving the best interests of needy persons or not.

Systems and professional "fixes" became exclusive rather than inclusive. Because service systems and professional practices evolved along fairly specific and narrow lines of application, professions developed a vocabulary and underlying theory that tended to give the practice systems narrow limits, and a kind of status and mystic that allowed them to acquire social sanction and a great deal of independence with little social supervision. These evolutionary processes in professions and service systems provide the foundation for communication problems experienced by each of the disciplines that is usually caught up in working with blind persons.

There is currently much evidence that there is among needy persons a rising discontent with current administrative attitudes and systems boundaries and their representatives in serving people. We are challenged now to recognize the resentful feelings among needy people toward the "homogenizing" effect of practices in existing bureaucracies which too frequently lead to loss of esteem, individually and collectively. Our mechanistic sociological processes for attacking their problems have promoted this effect. Such bureaucratic response has tended to cause professionals to develop stereotypes to characterize the problems of the blind and other disabled groups, based upon the collection of social data and interpreted as "social pathology" or "social disorganization." In other words, professionals see the individual and hear of his problems from a systems point of view and a "set" expectation for the client's response. When the client fails us, we call him unmotivated, hard to reach, hard core, or sometimes even not deserving. We professionals act upon the assumption that our social goals are *always* in harmony with human needs, which is a highly erroneous assumption. We are generally unaware that we communicate from the service systems frame of reference. This action reinforces the tendency to be exclusive in our service systems instead of inclusive as we serve clients and this affects the communication processes among the various professionals in and outside the systems.

The Relation of Common Stereotypes to Inter-Professional Communication

In spite of the accepted character of "objectivity" of professionals in their practice and their reputed capacity for objectivity in communication, most professionals, inexperienced in work with blind persons, have had such limited social relationships with blind or partially sighted persons that they often respond to blindness and blind persons in the same stereotypical patterns as the public in general. Those who have been trained to work with blind persons as their major clientele may be more fortunate.

When a professional's perceptions of the capacities and needs of his blind client are faulted by distortions deriving from judgments based upon stereotypes about the blind, he cannot be an adequate communicator with professionals who are more knowledgeable. Blind persons may often contribute to this problem by further reinforcing the stereotype through secondary gains in a dependency role imposed upon them by society. They play the game as good clients, as the professional worker expects them to play it. In this stereotypical response, they become expert at manipulation of the service system, the professional worker and all those about them who respond to the stereotype about blind people. When this transpires, we lose an honestly shared reality.

Well trained professional practitioners know that "the blind" are individually different, just as are all human beings, and that labeling or relating to them in stereotypical patterns only raises higher the communication barriers. On the other hand, it has been the lack of sophistication about blindness and the individual differences of blind persons that has promoted the feeling among blind persons that only blind professional workers can work best with the "blind" or partially sighted.

Granted, there have been dramatic examples of blind individuals who have been responsible for technical and social breakthroughs, such as the invention of braille and the legislative achievements of Robert Irwin. Indeed, the idea of basing skill in helping blind people upon the experience of blindness itself is commendable, but the voice of experience is likely to more nearly support the view of an astute chief of a rehabilitation center for blind persons, who observed that nine out of 10 of his rehabilitees went through a stage of wanting to "go into work for the blind." "But," he added, "I don't want to see them do it until they know a lot more about themselves and all those other

people they want to help.” In the end, he went on to say, very few actually went into this line of work.

In the face of a general fashion to insist that only persons experiencing a difficulty can show the way out of it for others, we pause and wonder if certain directly opposite experiences are not also a necessity for overcoming a handicap.

To show the way out of poverty, for example, it would seem that one would need to understand thrift and the management of his energy and talent. Most important, he must be willing and able to impart his capability to others, and have the art of making it acceptable.

Granted, more intelligent and sensitive individuals must face the facts of blindness by experiencing it than in any other way; yet as many of the most intelligent use all their might to escape from the subject altogether. Also, many of the most sensitive blind persons find the realities too hard to allow them to be objective and creative. Many of the most capable in managing their handicaps feel no sense of obligation to give what they have learned to others through their professional communication and practice. Equally unfortunate are too many who are artful in sharing with any and all comes the lore of passive-dependency as a way of life!

Some blind professionals working with blind people are masters of communication because from early years they have dealt with an uncommon and complex communication problem. Even they, however, have difficulty communicating with sighted professionals on the service team who really don't know blindness or are inclined to speak for the blind client as if they knew blindness. On the other hand, what a barrier must be overcome in communication when a blind professional peer or client reminds the sighted worker that “you will never know what it is to be blind!” It takes a great deal of disciplined restraint to decline to pontificate about blindness, knowing that the blind client or the blind professional worker with blind people hates our doing so. Yet, in inter-professional communication we often succumb to the temptation to do just that and build one more barrier to communication.

Stereotyped thinking about others puts strangely different meaning into the same words and is surely an obstacle to communication.

Communication Problems of the Disciplines Serving the Blind

The unique rationales underlying the practice of the discipline, the organization of knowledge and training curriculum providing knowledge and skills, the perceptions of the problems of blind people, the social values supported by the discipline in the administration of its practice, and the discipline's compatibility with larger social objectives combine to shape the characteristics of communication in that particular discipline. Even though in their larger objectives, the involved professional disciplines support the concept of serving the whole person, each serves within a more limited set of goals which are more unique to its limited practice. For example, the *physician* may focus more upon the physiological, medical and surgical problems of the blind and fail to see that his contribution and communication surrounding that contribution needs to support the larger set of goals within the total process of services to the whole blind person. His professional concerns and his communication about them stem more from this narrow base of perceptions and become further removed in the service process as the person moves from acute medical or surgical service and intensive after-care following treatment to amelioration of social, vocational and other problems.

Similarly, *the psychologist* may apply his skills through interview and instrumentation to measure bits and pieces of client behavior and make projections about underlying problems in the area of intellectual, emotional or social functioning. His communications are colored by his disciplinary frame of reference and approach to assessing bits of behavior and interpreting their meaning without always being able to integrate these with many variables that go to make up the totality of the individual's self-image, his conscious self, and his interrelationships with the environment about him. Usually such communications and perceptions derive from isolated observations, and the conclusions drawn are not based upon an adequate conception of the dynamics of disability pervading the total functioning of the blind individual.

Similarly, the *welfare worker* or the social worker, operating primarily from a service system frame of reference in responding to financial needs, and inter-family relationships, is more apt to ask the questions and structure her communications in such a way that the goals of the system which she represents and the limitations for service imposed by that system affect her perception of client needs and her capacity to respond to them. Even though trained, more likely than not, she may fail to realize that man, while unconscious of the impact of many factors in his experience, is a creature with a sense of self, and given this sense of self he is able to carry on internal dialogues with himself and does so at every waking moment. The internal images which pass in review as one is thinking, speaking or acting are derived from experiences one has had with others; but these "others" can never completely control the content of the images, the sequences in which they pass in review in the individual's private dialogue with himself or the selection which the individual makes on a particular occasion in response to demands upon him. She often fails to realize that the crucial understandings of a blind individual are closed doors as long as the professional worker has a questionnaire in her hand or when the questions are direct, overt, or create a loss of self-esteem when asked. Too often, she inquires from the welfare system's primary concerns. It is only in the quality of the relationship between the social worker and the client that true feelings and understandings are revealed. Most practitioners in a welfare system do not have the time to develop this quality of relationship. The quality and content of her communications then, more often than not, stem from the frame of reference of the system in which she works and in spite of her own values and skills which she brings to the task.

So it is with the *educator*, who is often caught up in an isolating, specializing professionalism. His orientation is usually to mask his models for developing knowledge and stimulating understanding. Often he is limited in what he can do by the nature of administration and the point of view of his administrator. The designing of the educational environment for the blind student is left primarily to the administrator. Much of the educational theory under which the teacher has been trained stems from a reconstructionist philosophy in education in which the nature of the ideal society has been formulated as a guiding social philosophy. Then, the education of the student to live within this framework has led the teacher to emphasize the socializing rather than the humanizing processes of education.

The teacher functions under a philosophy of education operating within the present system of public control. Under these circumstances, he cannot always give serious consideration to the self-perceptions of the blind person so that he is both aware of his individuality and his responsibility for preserving it against the encroachments of the crowd. Since the right to free intellectual inquiry has never been institutionalized in the public schools, the classroom teacher has only been able to exist, in the main, by perpetuating the social values that are agreeable to the dominant groups in the community. Thus, his communications are colored by these frames of reference,

pressures, administrative edicts and the mechanistic norm against which he sees the blind individual.

Some may argue that blind persons have quite an urge to conform and that the aforementioned observations about the orientation of the educational system in relation to the blind individual undergoing education are too distorted and unfair. We can expect such inclination when all the operating educational forces, from a mass-orientation to education, promote more conformity of behavior, attitudes and social response among those who are grossly different, a difference so perceived in blindness. The impact of this system rigidity on the inter-professional communications of the teacher, among all the professionals who seek together to serve the whole person, is often characterized with more of a "system set" than that of most other professionals.

So, too, are the communications of the *home teacher* and the *mobility instructor* limited by their more technique-oriented procedures, often operating from a narrow functionalistic point of view of practice. The effectiveness of the home teacher is primarily within the quality of her role as a tutor, an imaginative tutor, drawing from resources beyond her own limited experiences in life in teaching the blind client. Whether her approach is to lead the client as she finds him to adapt to his non-stimulating environment or to expand his skills in new coping with his environment, with the loss of sight, she is challenged to look upon the task as an opportunity for reconstruction of the environment and training for more effective living within that new environment. She is not always to blame for limited approaches, primarily because she operates within a system which may not or will not put the resources at her command. Too often, she focuses upon the needs of the individual blind client only, rather than relating these needs within a broader family constellation, and its organization, and teaches personal and environmental management techniques from the context of the group, rather than just for the blind individual. Thus, the quality of her communication is too often colored by her capacity to respond within limited range and depth of resources, her own values as relate to the setting in which she finds the client, and her assessment of the aspirations of the blinded individual rather than his total family.

A different problem exists with the *mobility instructor*, always a sighted worker with the blind person, who communicates from a technique-oriented assessment of the capacity of the blind individual to relate to his environment. He is a relatively new team member and is often seen as an interloper by many traditional workers with blind people. He works more intensely in the one-to-one relationship than most any other professional. He learns that the quality of the response of the individual to this technique and training is a function of the blind individual's response to life in general. If the client is generally fearful in his approach to life and living, he will also be fearful in the approaches and techniques of mobility instruction. If the client's response to life and living is characterized by a readiness to experiment and become involved in new experiences, chances are that he will respond similarly to mobility training. The mobility instructor can usually respond to these extremes in behavior and interpret and communicate the individual responses accordingly. Often his depth of understanding of client responses to his environment exceeds that of most professional team members. His own response to life and living will tend to affect his observations but his communications may be interpreted by other team members at times to reveal too close an identification with his client and, therefore, as less objective than their own.

The *rehabilitation counselor*, as another member of the professional group normally involved in working with blind people, has his limitations and strengths for appropriate communication in the professional team. In the past, his background of professional training was in education, psychology, sociology or the humanities, and without a

specialized content that fits the demands imposed upon him in professional practice with blind persons. His perceptions, values and approaches to practice have been primarily conditioned by his having been trained and anchored in a service delivery system based in a welfare administration.

In the rehabilitation process as it is currently being carried out, except in rehabilitation centers or in urban organized programs where all professionals work closely together, the rehabilitation counselor receives communications from all of the other professionals concerned with serving the blind individual. In too many instances, he is neither qualified by training nor experience to understand readily the communication from the varieties of frames of reference of other professionals and to readily and creatively reorganize and integrate it into his own approach for serving the client unless he has further opportunity for clarifying communication.

If his agency has oriented its program to physically restoring the blind client and preparing him for employment at minimal financial and service input, the counselor will often focus his rehabilitation diagnosis within those limits and structure the service program to respond narrowly to client problems. Often his service plan for a particular client is structured so that only those services primarily available within his agency are brought to those problems that can be readily solved, rather than structured to support the overall needs of the client. His response to the challenge to go beyond his agency to bring other additional service resources to his client intensifies his communication and coordination responsibilities.

Usually, the counselor is not trained for depth of self-understanding and self-perception. Thus, he is not always aware of how his biases influence his conclusions about blind client needs and his approaches to meeting them. Unconsciously, his own goals and values, conditioned by his agency's goals and rewards, may be imposed upon the way he serves the client. Thus, his communications may be unduly influenced by such goals and values, as well as by agency rewards.

To this point, the primary focus has been upon the limitations imposed by organization of knowledge systems for preparation of professional persons; the agency goals as they influence the approaches to service; the nature of values and limitations of the professionals themselves as they influence communications about the client, and increased predictability which depth of knowledge confers for communication.

The obstacles to interdisciplinary communication lie in the fact that words take on meaning from the content of one's social and intellectual environment. The quality of inter-professional communication for any kind of social interaction and cooperativeness depends upon singleness of response to the same words.

Inter-Professional Communication Problems Between the Generalist and the Specialist

The evolution of vocations in American society and the proliferation of knowledge and the impact of technology have caused more and more specialization in vocations. Vocabularies and concepts unique to the specialty (often used as a protective and status motivation by the specialist) have created communication problems, even between specialty representatives in the same field. When specialists are caught up in the complexities of serving the blind, a primary task for all is to understand the unique contributions of each specialty, its vocabulary and rationale for practice. An essential posture of the specialist is to accept responsibility to help other professionals understand

the limits of practice, skill and perceptions that he can contribute in serving people who are blind. The difficulty in doing this is compounded when some service team members have limited roles and are without a specific vocabulary or acquaintance with that of others, or when the “generalist” such as the social worker, rehabilitation counselor or home teacher must communicate with the doctor, the psychologist, psychometrist or the work evaluator.

Really, the problem of communication between generalist and specialist is often seen as a myth, because they say there are few generalists among professionals serving the blind. Each discipline and practice, as set out elsewhere, has created its own rationale for being, its body of knowledge in training and practice, its own set of rules for serving, and its unique vocabulary surrounding its helping role, all of which make it a specialty.

The social worker has not studied the instrumentation for assessing the skills, attitudes and traits of clients as used the psychologist; neither has the home teacher nor the rehabilitation counselor in many instances. Neither the psychologist nor social worker nor doctor has studied the world of work and knows the demands of employment systems and vocations as does the counselor, if he is well prepared to work with blind persons. And so it goes.

However, when each approaches the task of inter-professional communication in a spirit of humility, in a constructive and creative effort, with expectation to ruffle and to get ruffled, the communication chasm can be bridged. Each team member must be a facilitator, not too pleased with what *he* produces, but appreciating the little steps that are taken within the professional group to promote understanding.

More important, the team should achieve communication that produces action — action which involves the blind person — for real learning is by doing, involving a shared reality by all. Every worker with blind individuals, specialist or “generalist”, communicates best from his involvement in action with his client and others and within the accumulated experiences of working with many clients, if they have been insightful experiences for himself and his clients. The communication problems arise when these factors are not operating.

Inter-personal Factors Affecting Communication Among Workers

Inter-personal factors in relationships operating among professionals in serving the blind client have their impact upon communication.

McGrath has postulated that there are many variables affecting personal inter-relations among communicators. Such variables include perception or relative status with others, the perception of the other communicator’s power, the relative availability of the other communicator for interaction, the importance of the topic about which communication is to be directed, and an estimate of the other communicator’s attraction to the co-communicator.

Newcomb has also offered a set of propositions about variables which influence the development and maintenance of attraction between communicators in a dyadic situation. Among these are the frequency of interaction, certain combinations of personality characteristics, and measured attitudinal agreement. Empirical studies and their data provide a great deal of support to his hypotheses.

The relationship between attraction and variables of perceived similarity in personality and reciprocal rewards between communicators is complex and subject to the

influence of many other variables. Among these are the felt need to communicate, race, prejudice, self-acceptance and acceptance of others, personality characteristics, perception of status and power of the other personal values, etc. Evidence in studies supporting the hypotheses of McGrath and Newcomb suggests that the quality of communication and relationships between communicators may lie in their perceived and actual similarities of interests, feelings, needs, attitudes and beliefs.

Power, defined as capacity for altering the state of some system within the individual's life space over a period of time, and *influence*, defined as the resultant force on a system in the life space of the individual which is induced by an act of a social agent having power, are factors operating in communications, about which the communicating parties may or may not be aware. Power is potential influence. Influence is power in action. Types of power include (according to French and Raven): a) expert power, which is based upon perceived special knowledge or expertise; b) legitimate power (which may also be expert), which is based upon the perception of a legitimate right to prescribe behavior such as within an organizational framework or administrative climate or social sanction; c) reward power, which is based upon a person's perception that another person has the ability to mediate rewards for him; d) coercive power, which is based upon perceived ability of another to mediate punishment; and e) referent power, which is based upon identification with another.

Variables that operate with the parameters of power and influence include status, similarity, conformity, change, personality characteristics and self-evaluation. Evidence (Jaffee and Slote, Steiner and Field, DiVesta, Meyer and Mills, Sabath and Martin, etc.) indicates that there is a relationship between status of a communicator and his ability to exert influence. "Group members who are accorded either high or low status are less subject to the influence of group norms, and are less liable to sanctions if they fail to conform. Those members who are accorded middle status in the group are more susceptible to influence by social agents." (Rushlau and Jorgensen.) This has real significance in team inter-communication among professionals.

"Similarity," introjected or projected, as identifying with or modeling oneself upon another, has influence in communications. There is some evidence that communicators appear to accept persuasive influence of other communicators more comparable to themselves in background experiences, attitudes, education and other such areas, without regard to their conscious feelings toward them. (See Stotland, Sander and Natsoulas, Crockett and Meidinger, Dabbs, and Croner and Willis.)

In studies on "conformity" there is evidence that persons high in measured social acquiescence are found to be especially susceptible to influence. When effort at manipulation is in the consciousness of the communicators, there is less apt to be impact of influence for conformity than when that variable is ambiguous and less well perceived. (See Thibaut and Strickland, Frye and Bass, Beitan and Shaw, Harper and Tuddenham.)

In studies on "change" it has been demonstrated to be fairly easy to specify conditions under which conforming behavior can be developed. On the other hand, no definite strategy has been found to bring about change in an attitude or opinion. However, a high degree of involvement in pursuing mutually accepted goals and use of reward, implicit and explicit, are found to be helpful. (See Festinger and Thibaut, Fauquier and Vinacke, French and Raven, and Gorgein.)

"Personality characteristics" have been found to have effect on a communicator's influence. (See Harper and Tuddenham, Crockett and Meidinger, Becker, Rim, and Smith.) The more flexible and open a communicator is in his communication, the more

likely he is to influence and be influenced in modification of attitudes and in having the impact of his communication demonstrated.

There is evidence that need for high self-esteem makes an individual more susceptible to influence. Thus, when a communicator can reward the need for high self-esteem, he is more likely to have influence with such a person. When one can establish himself in the life space of another as a significant person, he will have influence in that person's self-evaluation. (See Stotland and Zander, Dabbs, Videbeck, Cox and Bauer, London and Lim.)

In summary, professionals as communicators, influence attitudes, judgments, decisions, opinions and their resultant outcomes with clients and with professional peers. Each communicator in the helping process with blind clients must be completely aware of his influence and position in the group process as well as in the one-to-one relationship. Each has to decide toward what goals his influence will be directed and who has the right to establish these goals. This is a moral question for each to decide within his own perception of this ethical responsibility.

Some New Concepts and Trends

It might be concluded from the limitations on communications, as set out above, that we need to seek to find or develop a possible applied science of rehabilitation or service to people in need, such as blind persons. Perhaps we will have to reorganize systems of knowledge in the support of such a science. Its content may derive from synthesized contributions of a humanistic biology, humanistic psychology, existential theology, and humanistic sociology. Certainly, a nucleus vocabulary is becoming more necessary if we are to communicate adequately toward refunctioning the blind person.

With 70 percent of our population now living in urbanized areas, we need to consider the integration of service delivery systems and their administration and services. This should require the functioning of professional teams, working in support of rehabilitation goals with our blind clientele, in as close a proximity as possible for exchange of ideas, vocabularies, concepts and understandings of each other's professional practice and orientation. Such would require the reorientation of existing service institutions and professional disciplines in support of a broader range of client goals. This would require incorporation of rehabilitation concepts and content in the training curricula of all of the professionals, and hopefully would involve an internship structured so that as trainees, all such professionals would have an acquaintance and comfortable relationship established with other helping professionals before entering their own individual practices.

Services should have a family focus in application while serving the disabled individual. This means that family problem diagnosis and service planning will always be a part of the service plan for the blind individual. This also means that we will expect to take our services to the locale of the blinded person and communicate more adequately in working at that level.

It will be necessary to develop collaborative schemes among institutions, systems and professionals, to undergird the broad scope of services needed by more and more blind clients. This will require team effort in fact, rather than just in name. The role of the team coordinator will become one of the most important new jobs in this team complex. The current rehabilitation counselor may need a new name and become this important person, become a team facilitator and a systems integrator in every best sense of these terms. The focus of this role will be the comprehensive diagnosis of client

problems, a discriminating selection and timing of services, and a continuing counseling relationship with client and the collaterals working with him in an individualized rehabilitative process. This would require training of a high order, with more knowledge of social systems and skills in systems change, in order to facilitate inter-communication and more contributory interaction among the helping professionals as they help the blind client become more readily integrated into society when professional team members have made their contributions in bringing him to his highest level and range of skills. There will have to be much more sharing of the client among professionals, with mutual trust that the contribution of others to the total goals agreed upon by all with the client, will replace the traditional shielding and protective behavior of professionals that have characterized all of our practice when the client comes within our traditional domain.

All professionals will have to accept the premise that our insights and skills will have derived more from the nature of handicapping conditions in the reality of disabled persons, than from the legalistic or systems structures, or professional idiosyncracies from which we practice and get our pay and receive other awards.

We professional workers with the blind individual need to surrender more to the "politics" of "human nature" rather than to that of the professions, disciplines, institutions, agencies, laws, regulations, or even the socially popular methods and goals of the day. It is only then that we can communicate adequately in our work to help the blind individual cope with the unique world in which we aim to help him learn to live joyously.

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DIABETIC BLINDNESS

By Arnall Patz, M.D.

INTRODUCTION

In the past two decades blindness caused by diabetes has become a major public health problem. Retinopathy (disturbance in retinal blood vessels leading to retinal damage) is the major ocular complication of diabetes and the incidence of retinopathy is generally proportional to the duration of the disease. Diabetic patients are living increasingly longer due to the control of infections with newer antibiotics. Improved insulin products also permit better regulation of the diabetes. As a result of a longer life span, the incidence of retinopathy and subsequent blindness will increase so that diabetes, which has very rapidly become the second largest cause of blindness in the United States, is predicted to head the list by the mid 1970s.

In this article, the nature of the ocular involvement in diabetes will be described and the status of current therapeutic methods will be discussed. Several other aspects of the ocular complications of diabetes and the needs for major research in this field will be presented.

Before describing the ocular complications of diabetes it is appropriate to include for the non-medical reader an artist's sketch of the major structures of the eye. In Figure 1-A the ocular structures are seen on front view and in Figure 1-B a cross-section through

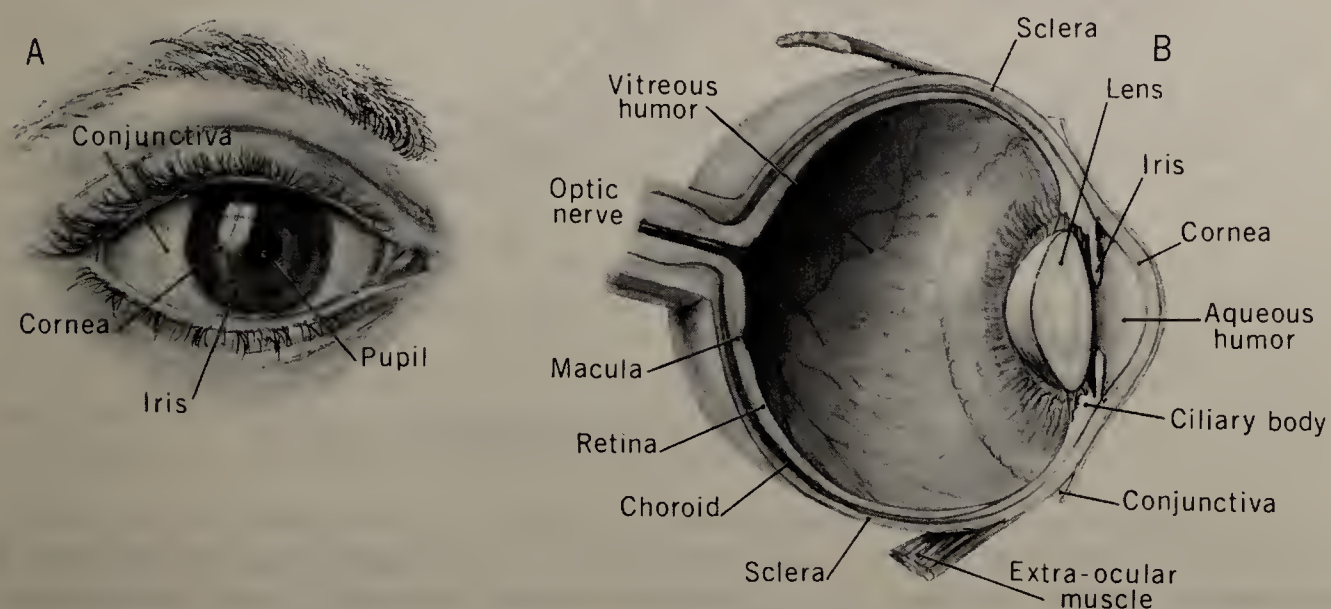


Figure 1—A. Front view of normal human eye. **B.** Cross-section diagram of human eye.

From the Filbert Foundation Laboratories, Wilmer Ophthalmological Institute, Johns Hopkins Hospital & University. This research was aided by grants from the National Institute of Neurological Diseases & Blindness, PHS (NB-2198). Visual and life prognosis studies were performed through the cooperation of The Seeing Eye, Inc., Morristown, N.J.

the eye, from the cornea in front to the optic nerve in back, is sketched. The eye can be compared to a simple camera. The cornea and lens of the human eye serve the function of the lens of the camera and the pupil of the eye is comparable to the diaphragm shutter opening of the camera. The retina receives the image formed in the eye just as the film receives it in a camera.

In Figure 2-A, the retina, optic nerve and retinal blood vessels are shown as observed through the pupil of the eye with the ophthalmoscope. The blood vessels emerge from the optic nerve to branch in a pattern similar to that of the veins of a leaf. It is important to understand that in the normal eye the blood vessels are contained within the substance of the retina. The ophthalmoscopic appearance in Figure 2-A might suggest that the vessels are on the surface of the retina. This false impression results from the retina's transparency; the thin layer of retina normally covering the vessels is invisible due to its transparency.

Figure 2-B shows in cross-section the major structures of the eye. The transparency of the cornea, lens, vitreous humor and the retina overlying the retinal vessels permits direct viewing of the blood vessels. This explains why ophthalmoscopy has become such an important tool in the study of many general diseases that affect blood vessels.

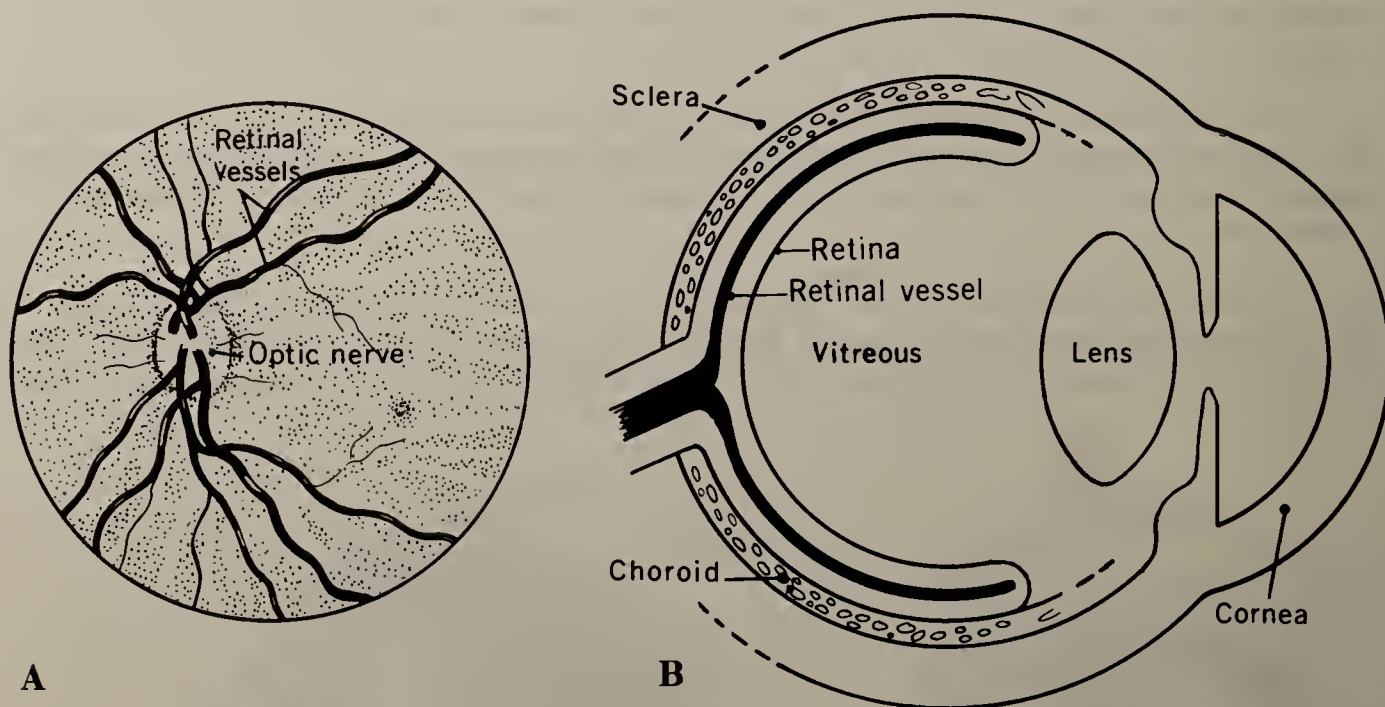


Figure 2—A. Ophthalmoscopic view through pupil showing retinal vessels and optic nerve. B. Schematic diagram of cross-section of eye.

NATURAL COURSE OF DIABETIC RETINOPATHY

The somewhat complex development of diabetic retinopathy can be readily explained by dividing it into two major categories, (1) milder form where the disturbance is contained within the retina and (2) the more severe retinopathy where blood vessels erupt through the surface of the retina into the vitreous.

1) Intra-retinal retinopathy

In diabetes, damage first occurs to the cells in the wall of the capillaries (smaller retinal vessels). The supporting wall (basement membrane) of these vessels is also

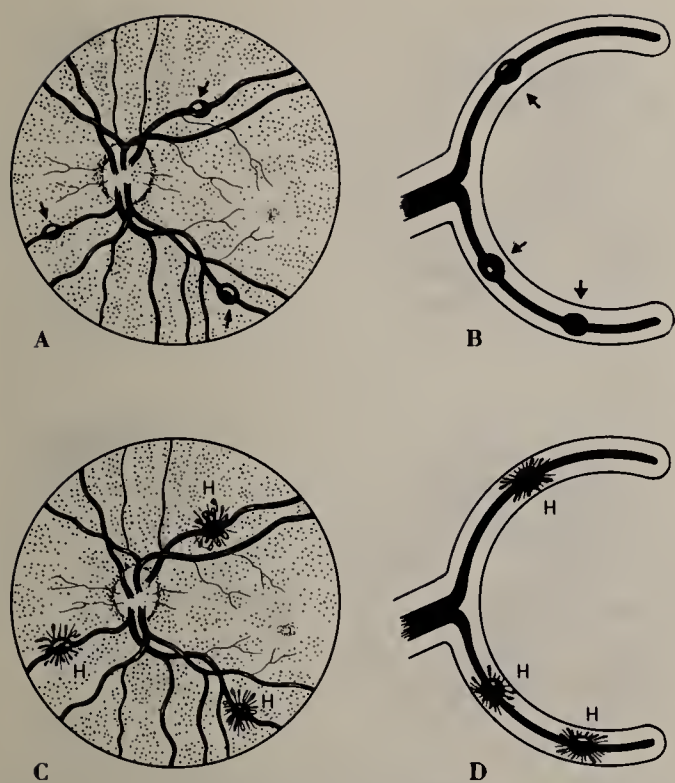


Figure 3—Intra-retinal retinopathy. **A.** Arrows point to aneurysms in ophthalmoscopic sketch on left. **B.** Cross-section of eye with aneurysms. **C.** Hemorrhages obscure aneurysms in ophthalmoscopic view. **D.** In cross-section note that hemorrhages are contained within substance of retina.

Figure 3-C and D. The hemorrhages (H) seen with the ophthalmoscope are located in the areas of the aneurysm but are contained within the retina. In Figure 3-D a cross-section of the retina shows the hemorrhages to have leaked through the wall of the aneurysms but are contained beneath the surface of the retina.

It has been found useful to refer to this type of diabetic retinopathy as shown in Figure 3 as *intraretinal retinopathy* (because the abnormal aneurysms and hemorrhages from them are contained within the substance of the retina). Intraretinal retinopathy is also described as “*non-proliferative retinopathy*” and more recently as “*background retinopathy*”. This description of intraretinal, non-proliferative or background retinopathy simply defines the condition as being contained within the substance of the retina. These designations are useful to contrast it to the situation where the retinopathy breaks through the surface of the retina to invade the vitreous (the clear-jellied substance that fills the posterior part of the eyeball). It is this latter or proliferative type of retinopathy that frequently leads to serious visual impairment.

2. Proliferative retinopathy

Continuing with the series of diagrams to Figure 4 we observe the progression of *proliferative retinopathy*. The designation of “proliferative” refers to new vessels growing or proliferating to erupt through the surface of the retina spreading on top of the retina and with further growth penetrating the vitreous. In Figure 4-A we see on the upper left with the ophthalmoscope the small tufts of newly formed proliferating vessels (P) growing toward the examiner into the vitreous. In the upper right cross section in Figure

damaged. In selected weakened spots on the wall of the capillaries, the wall gives way and balloons out to form an aneurysm (a thinning out and ballooning up of the vessel similar to the thinning of the inner tube of a tire before a blow-out occurs). We see in Figure 3-A the dilated aneurysms as observed with the ophthalmoscope (arrows). Although these ballooned enlargements of the vessels (aneurysms) involve the small capillaries, the ophthalmoscope magnifies the retinal picture so that these small aneurysms can be visualized. The ophthalmoscope magnifies the retinal vessels approximately 15 times the actual size. In the cross section in Figure 3-B we see the dilated aneurysms (arrows). It is important to note that these aneurysms are contained within the substance of the retina.

The aneurysms which developed from weak spots in the capillary have even poorer quality supporting walls about the aneurysm itself. For this reason, as blood circulates through the capillary, blood cells (hemorrhage) and protein material leak through the damaged wall of the aneurysm into the substance of the retina as shown in

4-B we note that these newly-formed vessels (P) which sprout from existing blood vessels have broken through the surface of the retina. These newly-formed vessels that have erupted through the retinal surface have grossly defective walls and will ultimately leak or bleed (hemorrhage) into the vitreous. In Figure 4-A and B early formation of these new vessels is observed but no hemorrhage has occurred yet. It is in this stage that photocoagulation can be useful to seal the abnormal vessels before hemorrhage into the vitreous occurs. The principles of photocoagulation will be discussed further in the section under treatment.

In Figure 4-C the ophthalmoscopic appearance of hemorrhages (H) that have leaked into the vitreous through the abnormally weak wall of newly-formed vessels is noted. In Figure 4-D hemorrhages (H) have spread into the vitreous. The hemorrhages shown in Figure 4-C and 4-D tend to diffuse throughout the vitreous. This produces a generalized clouding effect and a significant impairment of vision. In some patients the hemorrhage absorbs without producing scar tissue. Vision may then improve and return to its previous level.

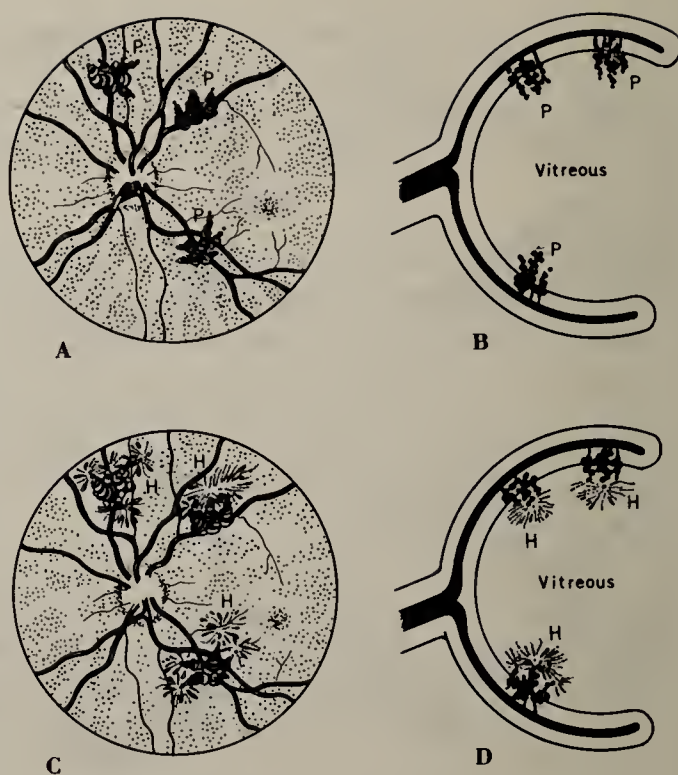


Figure 4—Proliferative retinopathy. A. In ophthalmoscopic view note new vessels (P) proliferating into vitreous. B. On right cross-section, vessels (P) grow into vitreous. C. Hemorrhages (H) surround the proliferating vessels. D. Cross-section sketch shows hemorrhages (H) leaking into vitreous from proliferating vessels.

Many patients who suffer hemorrhages into the vitreous are not so fortunate to experience absorption and clearing of the blood. In many cases the hemorrhages are replaced by fibrous (scar) tissue that forms in the vitreous. Figure 5-A shows the fibrous tissue (F) on ophthalmoscopic appearance and Figure 5-B the cross section. The fibrous tissue may contract and tear the retina. In many cases traction from the fibrous tissue detaches the retina from its normal position. In Figure 5-C the ophthalmoscopic appearance of a localized retinal detachment (D) produced by traction from fibrous tissue (F) is noted. In the cross-section drawing in Figure 5-D the detached retina, (D) and fibrous tissue (F) are observed. The tough fibrous tissue has pulled the retina forward into the vitreous to detach it in the portion marked D. The size of the detachment and its proximity to the delicate central macula portion of the retina will determine the severity of visual impairment. This type of detachment does not lend itself to routine surgical procedures because the tough fibrous scar holding the retina in its detached position prevents surgical reattachment. Furthermore, in this stage there is usually additional permanent damage to the nerve structures contained within the retina.

To recapitulate, it is convenient to divide retinopathy into the milder intraretinal type contained within the retina and the more severe proliferative type retinopathy with vessels extending and leaking into the vitreous. One might draw an analogy to the two types of retinopathy with household plumbing. When the pipes are defective and there is simple leakage of water around the pipes into the substance of the wall beneath the plaster, the equivalent of *intraretinal* or *non-proliferative* retinopathy exists. However, if

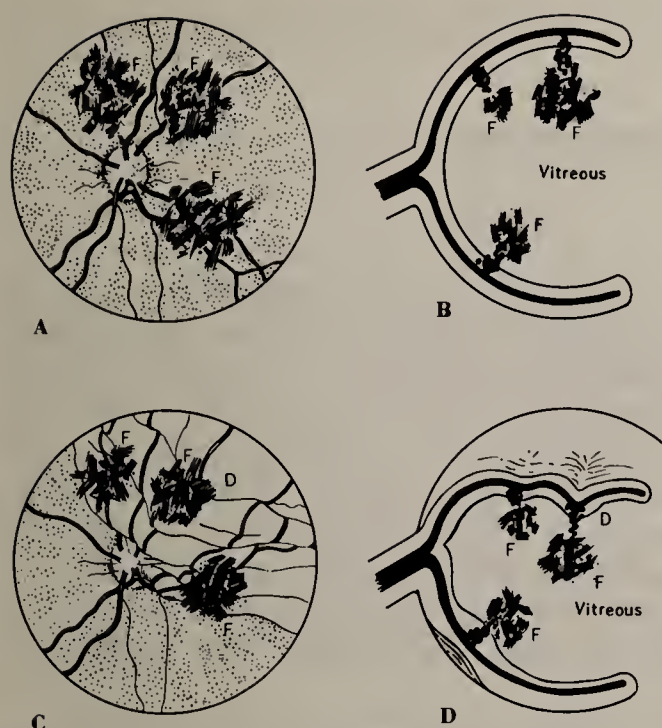


Figure 5—Fibrous tissue formation. **A.** Ophthalmoscopic appearance of fibrous tissue (F). **B.** Cross-section of fibrous tissue (F) forming in vitreous. **C.** Fibrous tissue (F) has pulled on retina causing a detachment of retina (D) as seen with ophthalmoscope. **D.** Cross-section sketch of detached retina (D) and fibrous tissue (F) pulling retina into vitreous.

especially young diabetics, cataracts can develop rapidly when the blood sugar is markedly elevated. Diabetic patients with routine cataracts usually have a successful result following surgery provided there is no advanced retinopathy.

It should be emphasized, however, that all of these conditions, other than retinopathy, which can cause damage to the eye of diabetics, when combined, still represent only a minor proportion of the total diabetic blindness. Retinopathy is the major cause of diabetic blindness. In my own series of cases of diabetic blind, retinopathy has accounted for approximately 95 percent of those with serious visual loss.

ETIOLOGY OR CAUSE OF DIABETIC RETINOPATHY

At the present time the basic cause of diabetic retinopathy is unknown. The duration of diabetes is the only factor that has been documented to be related to retinopathy. The incidence and severity of retinopathy is generally proportional to the duration of the disease; e.g. in patients with diabetes for 10 years, approximately 50 percent show some degree of retinopathy, after 15 years 75 percent show some degree of retinopathy, and after 25 years, approximately 95 percent have some degree of retinopathy. There are exceptions, however, and patients occasionally will develop typical retinopathy at the onset of their diabetes.

The state of control or regulation of diabetes has been felt by many authorities to influence the severity and frequency of retinopathy. There are considerable differences of opinion, however, on the degree of control having any effect on retinopathy as patients

the defect in the pipe is so severe that the water burst through the plaster and pours into the room, this more serious damage would be equivalent to *proliferative* retinopathy with bleeding into the vitreous.

OCULAR COMPLICATIONS OTHER THAN RETINOPATHY

Patients with long-standing diabetes are known to have a higher incidence of occlusive vascular disease of the retina (blood clots or thromboses of the larger retinal arteries and veins) which can cause partial to severe blindness. Patients with advanced diabetes are also known to have a special type of glaucoma due to fine blood vessels growing on the front surface of the iris and into the filtering angle of the anterior part of the eye that controls the intraocular pressure (figure 1). This type of glaucoma responds very poorly to either surgical or medical treatment and the visual prognosis is much poorer than in the routine types of glaucoma where a good response to medical or surgical therapy frequently results. In certain patients, espe-

with mild diabetes sometimes develop as extensive retinal lesions as those with more severe and uncontrollable diabetes.

TREATMENT OF DIABETIC RETINOPATHY

1. Suppression of pituitary function

There is considerable physiological evidence linking pituitary gland (hypophysis) function with diabetes. Houssay, a pioneer physiologist, demonstrated that removal of the anterior pituitary gland markedly alleviated the symptoms of diabetes in animals made diabetic by surgical removal of the pancreas. Paulson, a Danish physician, described the course of patients with diabetic retinopathy first suggesting that suppression of pituitary function may be beneficial. His patient suffered with atrophy of the anterior pituitary gland (Sheehan's syndrome) following pregnancy. Her bilateral diabetic retinopathy underwent a dramatic improvement following the development of Sheehan's syndrome. Several groups of investigators subsequently recommended surgical removal (hypophysectomy) or radiation destruction of the pituitary gland for patients with progressive proliferative diabetic retinopathy.

The surgery originally involved operations by the direct intracranial approach as in other brain operations. Recently, techniques have been devised to permit passage of a surgical probe through the nasal sinuses to destroy pituitary tissue. Currently the most widely used surgical method consists of introducing a freezing probe through the sinuses into the base of the pituitary area and freezing the tissue to destroy pituitary function. Other groups have used the principle of irradiation of the gland by x-rays, gamma rays or by direct implantation into the glands of radioactive "seeds". Although there are several groups subscribing to pituitary suppression for treatment of severe diabetic retinopathy, there are many authorities who question these results because controlled studies have not been performed.

There is a serious need for controlled studies on treatment of diabetic retinopathy. Many patients with progressive retinopathy of the proliferative type with hemorrhages into the vitreous, as in Figure 4, have undergone a spontaneous regression; clearing of the vitreous hemorrhage and disappearance of proliferating vessels with improvement of vision resulted. Dr. Beetham, a Boston ophthalmologist, observed 11 percent of a large number of patients with progressive proliferative retinopathy undergo spontaneous arrest and then improvement while receiving no therapy whatsoever. We have, and other investigators have likewise, noticed occasional spontaneous remission of moderately advanced proliferative retinopathy. Because of this known spontaneous regression occurring in a significant number of cases, it is extremely important that any therapeutic agent be beneficial to a much larger percentage of patients than would have improved spontaneously without treatment. There has been only one limited controlled study to establish the benefits of hypophysectomy. The cumulative evidence from several uncontrolled studies suggests that hypophysectomy is beneficial in diabetic retinopathy. The physician in deciding on therapy, however, must weigh this very promising, yet inconclusive data, with the risk of blindness and with other hormonal problems caused by the operation.

2. Photocoagulation

The second method of treatment that is in wide usage today is that of photocoagulation. In photocoagulation an intense beam of light is directed into the eye and the lens system of the eye focuses the light to a small spot in the retina. Heat energy is generated at the spot focus causing a coagulation or welding-like effect of the tissue

where the light is focused. Photocoagulation can be simply understood by comparing the principle of the eye receiving light from a photocoagulator source to a magnifying glass focusing the sun's rays on a leaf (Figure 6). The intense concentration of the sun light burns the leaf at the focal point of the lens and similarly the intense concentration at the point focus on the retina of the coagulator rays causes a rapid heating and coagulation of the retinal tissue. The small blood vessels in the area of coagulation are sealed. It is this feature of photocoagulation that makes it useful in treating patients with proliferative diabetic retinopathy. The treatment is most effective when the vessels have erupted through the vitreous, but have not caused significant bleeding to obscure them.

One of the major problems with the present Zeiss photocoagulator in diabetic retinopathy treatment is the relatively large size of the coagulation spot that is produced. It is dangerous to treat vessels too near the optic nerve or the macula because the large area of coagulation may damage these structures. One new area of research involves the use of the new Argon laser as a source of light energy. With the Argon laser it is possible to make the spot size of coagulation small enough so that it is exactly the size of one of the abnormal proliferating vessels. Argon laser coagulation can therefore be very selective and cause minimal damage to the adjacent tissue. This is especially important for photocoagulating areas about the optic nerve and macula. A further potential use is in the sealing of large vessels that have grown into the vitreous. Following the intravenous injection of fluorescein dye, the Argon laser coagulation can be further enhanced, permitting sealing of larger vitreous blood vessels that cannot be satisfactorily treated at present. In our laboratory at Johns Hopkins Hospital a major research program is underway to further develop the Argon laser photocoagulator, originally designed by L'Esperance, to extend its usefulness in diabetic retinopathy.

3. Treatment by rigid control of diabetes

Rigid control of diabetes is thought by some to delay the onset of retinopathy and other vascular complications and to minimize or slow down the progress once it is present. However, this has not been definitely proven and many authorities question this concept. In fact some diabetic patients are known to have retinopathy at the onset or the first time diabetes is detected. Although the role of control is questioned by some, it seems logical that each diabetic patient should adhere to this type regime until newer evidence confirms or disproves this concept.

EXPERIMENTAL STUDIES ON DIABETES

Dogs who develop spontaneous diabetes have been found in our laboratory to demonstrate the classical changes of human diabetic retinopathy. We are actively pursuing the development of a colony of diabetic dogs at the Johns Hopkins Hospital. Dr. E. T. Siegel of the University of Pennsylvania School of Veterinary Medicine is engaged in a similar program under the sponsorship of The Seeing Eye, Inc. The development of these colonies will permit a careful study of the natural course of canine diabetic retinopathy and hopefully give new insight into several aspects of the human problem.

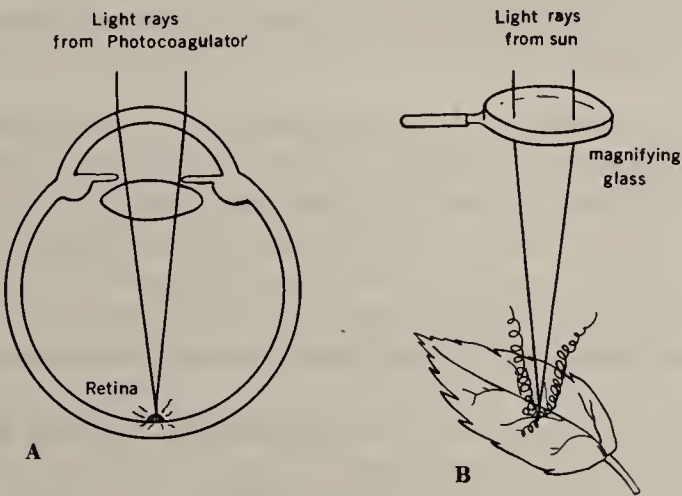


Figure 6—A. & B. Principle of photocoagulation of retina on left is compared with effect of sun rays focused through a magnifying glass on right.

It will be very helpful to future research studies if the owners of diabetic dogs make them available to centers such as at Johns Hopkins or at the University of Pennsylvania School of Veterinary Medicine. Veterinarians should be encouraged to have the owners transfer the animals to these centers in those cases when the owners bring the dog in for euthanasia because of their inability to treat diabetes.

It is important to emphasize that the animals that are cared for in these two facilities have their diabetes regulated and receive much better care than the owner can usually provide at home. In both the Hopkins and Pennsylvania facility, licensed veterinarians supervise the care of the animal and they are given daily insulin just as in human diabetes. Careful regulation of their diabetes is achieved by studying urine specimens and measuring blood sugar levels at regular intervals. The animals are exercised out of doors daily and usually are able to live their normal life span.

STUDIES AT THE SEEING EYE, INC.

The controlled availability of records from The Seeing Eye, Inc., Morristown, N.J. has provided valuable information on the life expectancy of individuals blind from diabetes. Our study with The Seeing Eye, Inc. in this endeavor is an excellent example of serendipity. This came about when Dr. A. E. Maumenee, Director of the Wilmer Institute at Hopkins, observed Mr. Robert Whitstock, Vice President of The Seeing Eye, board a plane with his Seeing Eye dog. Dr. Maumenee introduced himself and in their discussion Mr. Whitstock mentioned the experience of the Seeing Eye, Inc. with diabetic students. The Seeing Eye, which has been in operation since 1929, found that on an average its students return to obtain two or more dogs. The diabetic blind, however, rarely returned for a second dog and in many instances did not use the dog for his full useful life.

Both Drs. J. W. Berkow and R. G. Shugerman, who were working in my diabetes laboratory at the time, were permitted with strict confidentiality to review the medical records of The Seeing Eye, Inc. The records of 180 blind diabetic patients who had received guide dogs were carefully analyzed. Several important pieces of statistical information were obtained. These observations were published in the Journal of the American Medical Association. One series of data showed that the average duration of diabetes to severe blindness* was approximately 17 years. This figure was consistent with other studies and confirmed previous observations. A completely new piece of information resulted from the study of the survival of diabetics after the onset of severe blindness. Here it was found that the mean, or average survival time, after severe blindness was 5.8 years.

On a recent visit to The Seeing Eye, Inc. a controlled and confidential review of records obtained since the original study of 1964 was made. An analysis of these additional records demonstrated the same trend in terms of duration of diabetes to severe blindness and of survival after severe blindness. The figure 5.8 years, mean survival after severe blindness, is especially significant as these diabetic patients had to have a good exercise tolerance, as confirmed by prior medical opinion, in order to qualify for a guide dog. The training program required in learning to use a guide dog involved walking several miles at a fairly rapid gait. Our diabetic authorities at the Johns Hopkins Hospital have advised us that this active daily exercise is highly desirable in the care of these patients.

Although the patient with severe blindness due to diabetes generally has a relatively short life expectancy, there are exceptions to this trend. I am personally aware of living blind patients who lost vision from diabetic retinopathy over 20 years ago.

*Severe blindness describes the visual impairment in each eye at hand motion or poorer vision. It is not to be confused with the term "legal blindness" which indicates vision less than 20/200 in each eye.

NEED FOR FURTHER RESEARCH ON DIABETIC RETINOPATHY

1. Major research efforts are indicated to clarify the role of pituitary function in diabetic retinopathy and to evaluate more critically the possible beneficial effects of hypophysectomy.

2. Further controlled studies on photocoagulation with special emphasis on developing new methods of photocoagulation such as with the Argon laser are indicated. In view of the apparent advantages of Argon laser treatment over existing methods of photocoagulation, a major investigation to further develop a delivery system for Argon laser treatment is indicated.

3. The influence of pregnancy on diabetic retinopathy should be further studied in view of the present confusion in the literature on the course of diabetic retinopathy during pregnancy. Since retinopathy may change abruptly during pregnancy, new insight into factors affecting diabetic retinopathy may be discovered in special hormonal studies of the pregnant female.

4. Further studies on the role of degree of control on diabetic retinopathy is indicated. There is a current cooperative hospital study which is evaluating various aspects of control on diabetic retinopathy and other vascular complications of diabetes which should hopefully clarify this question.

5. Major studies should be done on the pre-diabetic patient to clarify factors that may influence vascular complications in diabetes.

6. The development of a colony of dogs with spontaneous diabetes should be accelerated. A colony would permit a host of controlled observations that cannot be adequately investigated in the human patient.

7. Broad based studies relevant to diabetic retinopathy and based on biochemical, hormonal, genetic and immunological principles are indicated.

SUMMARY AND CONCLUSIONS

Diabetic retinopathy is rapidly becoming the largest cause of blindness in the United States. The precise cause of retinopathy is unknown and there is no proven treatment for the condition. Hypophysectomy and photocoagulation therapy are considered to be "stop-gap" measures to arrest or retard the development of retinopathy.

The natural course of diabetic retinopathy is described. Diabetic retinopathy can be conveniently divided into two major categories; first, the milder form which is designated as intraretinal, non-proliferative or background retinopathy where the vascular defects and leakage from them are contained within the retina; second, proliferative retinopathy, the more serious form of the disease, which is characterized by vessels erupting from the retina into the vitreous. Hemorrhages and ultimate replacement of the hemorrhages by fibrous tissue lead to major impairment of vision.

Studies on life prognosis in diabetic blind individuals have been made at The Seeing Eye, Inc. and these studies which have been published elsewhere in detail are briefly summarized.

The needs for major research in the field of diabetic retinopathy are outlined. With concerted effort by investigators working in related fields it is likely that the future for these patients may soon be much brighter.

A LONG JOURNEY

An account of the Royal National Institute for the Blind, 1868 – 1968

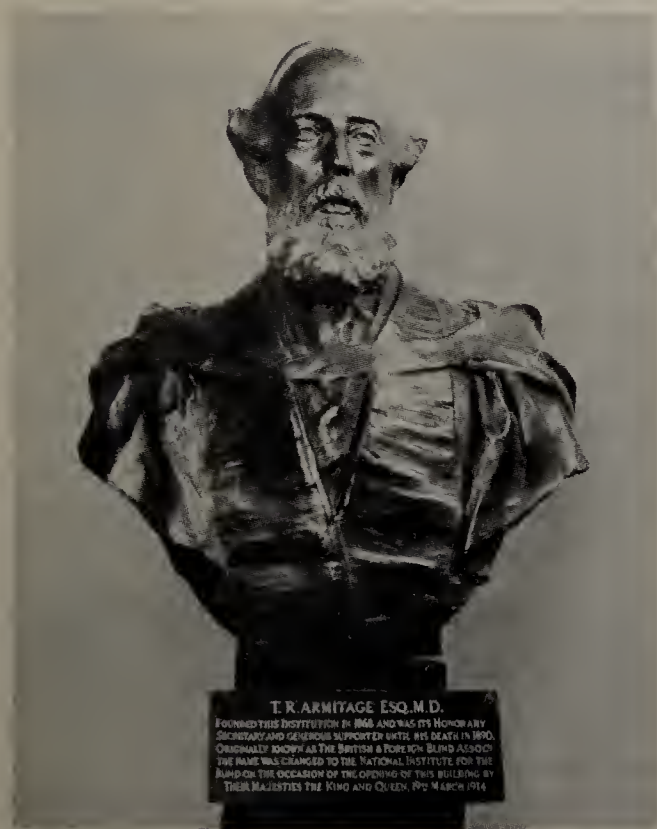
By John C. Colligan, C.B.E.

The Chinese – perhaps before they became too taken up by the thoughts of Mao-Tse-Tung – had a proverb, ‘The longest journey begins with but a single step’. And so it was that a single step led to the growth of what is today perhaps the largest voluntary organization for the blind anywhere in the world.

In 1866 a London surgeon, Dr. Thomas Rhodes Armitage, reached a decision which was to affect the lives of many blind people in the years to come.

The doctor came from a wealthy middle-class background and had chosen a career in medicine which satisfied his deep sense of vocation. After service as a surgeon on the staff of a base hospital in the Crimea, where he had been working with Florence Nightingale, he returned to London and built up a flourishing consultancy.

Soon afterwards, at the height of his success, his eyesight failed. He could either resign himself to this fact or accept his loss of sight as a challenge. He chose the challenge, as so many blind people have since done, and turned his energies in a different direction. He was later to write “that the very defect of sight which proved an insuperable obstacle in the career I had chalked out for myself had peculiarly fitted me for a new and more extended sphere of usefulness.”



Armitage spent two years, from 1866 to 1868, investigating the condition of the blind in London. He found that the education of the blind was “a perfect chaos” and that they were to a very great extent “idle mendicants”. He had the vision to realize that only through education followed by training and employment could they seek to improve their situation. Those few who were sufficiently educated to make use of printed matter were hampered by a variety of embossed codes in which relatively little material was being produced.

Armitage realized that the key to an improvement in the general situation of the blind would be to get the general adoption of a suitable code and he enlisted the help of three other blind men, later joined by a fourth, who had to have a knowledge of at least three systems of

embossed characters and no pecuniary interest in any of them.

Early Beginnings

This self-appointed committee held its first meeting in 1868 in Armitage's house at 33 Cambridge Square, London, W.1. and agreed that a society should be formed under the title of British and Foreign Society for Improving the Embossed Literature of the Blind, a name altered later to the British and Foreign Blind Association for Promoting the Education and Employment of the Blind, and generally shortened to the British and Foreign Blind Association. The society was to bear this title until 1914, when it was changed to the National Institute for the Blind. The added "Royal" was conferred in 1953.

In May, 1870, the committee reported unanimously in favor of braille as the most suitable type for the literate blind though they also reported favorably on the system bearing the name of Dr. Moon for the use of the elderly, the less literate and those whose fingers had become work-worn.

The first braille transcriber to be employed by Armitage was a man called Ford, who worked in his own home punching braille dots onto brass printing plates with a punch and hammer. These he delivered to Armitage's house for embossing and the sheets of embossed braille paper were then varnished and hung up to dry in the kitchen, much to the annoyance of the cook.

In that year, five booklets were published. Sales of these, together with pocket-frames for writing braille which sold at a shilling, amounted to £2. 11. 6. During Centenary Year the budgeted expenditures by way of "turnover" in goods and services to Britain's blind was £2,735,000.

For some years the British and Foreign Blind Association continued to consolidate its position gradually persuading one institution for the blind after another to abandon other forms of embossed type in favor of braille, supplying apparatus as required and constantly experimenting to improve it.

By 1890, it was employing 40 blind braillists, whose output was augmented by that of 160 voluntary helpers, mostly ladies. Their work led to the employment as copyists of another 60 blind people.

It was in 1890 that "old Ford" finished transcribing the Bible into braille. By the time he had completed the project started in 1877 he had punched 20,000,000 dots onto 6,000 printing plates.

In this year, too, Armitage died after a riding accident, and his work was carried on by his wife until her own death in 1901. With the death of Mrs. Armitage, and the growth of the Association's work, it became necessary to find new premises.

Embossed Literature

By 1904, better machinery for braille printing, including three electrically-driven presses, steam-heated drying of braille paper and a new book-binding department all made possible a considerable increase in book production. But, compared with letterpress, the production of braille has always been a very slow and costly business. The introduction in 1911 of electrically-operated stereo-typing machines to replace the punch and hammer in the production of printing plates helped to speed the process, as did the acquisition in 1930 of a high-speed rotary press. Even so, braille remained extremely bulky — the Bible took seven feet of shelf space — and not very hard-wearing, for it had to be embossed on

paper that was thick enough to take the hollow dots, which were subject to flattening with use.

After years of trial and error, a method of depositing and heat-sealing solid dots of plastic onto the surface of a thin but strong paper was evolved and a complete processing plant designed. This was the new system of printing braille which has become widely known as “solid dot”. Solid dot reduces the bulk of braille by something like 45 percent; the dots themselves are uncrushable and do not deteriorate with use; and the system, although more costly to install than the conventional embossing plant of similar output, is quicker and less expensive to operate. Since 1959, an increasing number of the RNIB’s periodicals and books have been produced by the solid dot method.

Nowadays, one of the problems of braille production is the shortage of trained transcribers. The Institute, again harnessing the resources of modern technology, is using a computer to convert inkprint symbols into braille. In the coming year, we shall have a number of operators typing the inkprint text onto punched cards which will be fed into the computer. The computer output, also in the form of punched cards, will automatically activate a transcribing machine developed by the RNIB to produce master plates for printing. The automatic transcriber produces these plates in three minutes as compared with the 25-40 minutes required by manual transcription. Appropriately, the first example of computerized braille to be produced experimentally by the RNIB in its centenary year happened to be *Great Expectations*.

In contrast with the five booklets, originally published by the British and Foreign Blind Association, we have this year published over 30,000 copies of braille books, ranging from children’s readers to computer programming manuals, more than 50,000 pamphlets, 373,000 weekly papers, including the *Braille Radio Times* and the *Braille News Summary* (designed for the deaf-blind), which are issued free of charge, and 150,000 other magazines and periodicals.

As we have already said, Armitage’s committee, forerunners of today’s Executive Council of the Royal National Institute for the Blind, in 1870 recommended the use of Dr. Moon’s type for older people whose touch was not good enough for reading braille.

William Moon, who, after a partially-sighted childhood, had completely lost his sight by the time he was 21, devised his type in 1847 and printed it with evangelical zeal from 1856 onwards in a small workshop adjoining his Brighton home. His type was based upon the printed Roman capital and consisted of only nine characters, their signification being determined by which way up they were used. By 1880, the alphabets of 194 foreign languages were available for the use of missionaries.

After Moon’s death in 1894, his work was carried on by his daughter, Adelaide, until her death in 1915, when the Moon Society was taken over and became a branch of the Institute, in accordance with her wishes.

In the first year after the Institute’s assumption of responsibility for the work of the Moon Society, some 8,500 bound volumes, magazines and pamphlets were produced. This year, a grand total of 81,965 items were produced in Moon type.

The Moon periodical with the largest circulation is the Moon newspaper, which, like its counterpart the *Braille News Summary*, is designed for deaf-blind readers. The double handicap of blindness and deafness has not deterred many of the newspaper’s readers from wishing to follow the football season and a football supplement summarizing results

and fixtures was started during the year. Its success has led to the launching of a cricket supplement.

The RNIB is currently conducting experimental work on a prototype machine to enable individuals to write Moon, for the disadvantage of this code compared with braille is that it is a one-way system, i.e., can at present be read but not written. Until it proves feasible to market such a device, the Moon branch's service of embossing private correspondence continues to be much appreciated. Over 400 blind people asked for their private letters to be put into Moon this year — a practical example of the individualized service the Institute has always sought to provide for the blind and deaf-blind of this country.

As the elderly and aged blind increase in number year after year, so the scope and usefulness of Moon type steadily grows.

The Recorded Word

In 1935, following pioneer initiative and research by Sir Ian Fraser, now Lord Fraser of Lonsdale, the Institute, in conjunction with St. Dunstan's, established what is now the British Talking Book Service for the Blind, using long-playing records far in advance of the commercial market. Here was an ideal method of providing literature in a permanent form which relied neither on a sense of sight nor a sense of touch.

At the end of 1960, disc machines began to be replaced by a unique kind of tape cassette player developed after long research. This was the Mark 1 multi-track tape talking book, designed specifically for blind people, and adopted by organizations for the blind in 13 countries overseas. Between 1960 and 1968 membership of the library in this country increased from 6,000 to over 25,000.

In 1967, after close co-operation between the Institute and its talking book equipment manufacturers, Messrs. Clarke and Smith of Wallington, Surrey, a completely new lightweight talking book (Mark IV) was developed which embodied techniques of presenting recorded material well in advance of anything elsewhere available.

The tape is contained in a small 6½ oz. plastic cassette, small enough to be posted in a pillar box (thereby sparing library members the need to use a post office in returning their books to the library), and providing up to 13 hours of reading (the average book takes 11 hours). The playback machine, or reproducer, weighs only 10½ pounds, provides a high-speed indexing facility which enables the user to find his place without difficulty, and is extremely simple to use.

Since the introduction of the Mark IV system, 5,000 have gone into service and another 5,000 Mark I machines have been adapted to take the new light-weight cassette. The remainder will be converted by the end of 1970.

Library stock amounts to well over 1,200 titles, a fair selection of the type of book to be found in any public library, and each year another 250 are added. Two libraries are in existence, one at Alperton, Middlesex, services the Southern half of the country, and one at Bolton, Lancashire, which serves the northern readership. The recordings are made by professional readers in the Institute's own sound recording studios.

Membership of the library is open to any adult registered blind person and to those who, not registered as blind, can provide an ophthalmologist's certificate to the effect that they cannot read print. The library service is free, but an annual rental charge of £3

is made for the hire of the playback machine, a charge in many cases met by local authorities. No blind person need be deprived of the service for financial reasons.

Aids and Apparatus

Once they had decided in favor of braille and set about publishing books in the medium, our forebears recognized that the blind would also need help to express themselves in braille. Pocket-frames for writing braille were produced before the end of 1870 and Council members frequently took them home to test between one meeting and the next.

Other pieces of special educational apparatus were developed, the value of which was internationally recognized as early as 1875 when an organization in Vienna awarded them a medal. Four years later the Japanese government ordered a complete set of all our apparatus and by that time too our braille writing frames had made their way as far as China.

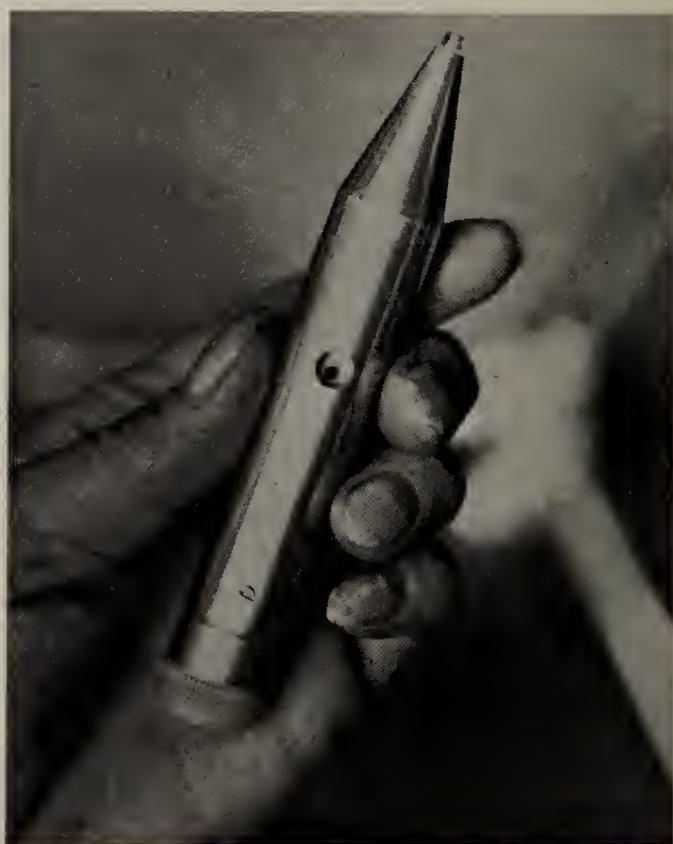
Nowadays, teaching methods, particularly in mathematics and science, have undergone radical changes and it has been felt that blind children should have much more practice in the observation and preparation of embossed drawings and diagrams. In 1965, Worcester College for the Blind, a grammar school for boys administered by the RNIB, applied to the Nuffield Foundation for a grant covering research into ways and means of extending the scope of teaching science and mathematics to blind children. The Nuffield Science Project at the College is now completed and the need for new pieces of specialized equipment is becoming apparent. These may eventually be made available through the Institute's sales department to all schools for the blind in the country.

The successful completion of this project has now led to the establishment at the University of Birmingham of a Research Centre for Blind Education. Using the word education in its widest possible sense this new department will carry out research into the means necessary to enable blind children and students to learn and to understand to the extent of their ability. It will act as a centre for the training and provision of refresher courses for teachers of the blind. It will disseminate information about and encourage experiment in schools for the blind. It will be available as an assessment centre for testing intelligence and aptitudes of blind children and will study the educational needs of those suffering from blindness, plus additional handicaps, and from perceptual disfunction. In its initial years the project is being wholly financed by the RNIB as a memorial to its late chairman, who died in Centenary Year, that distinguished blind Oxford don – Sir Theodore Tylor.

The new edition of the apparatus and games catalogue, recently published, lists some 300 aids and items which have either been adapted or developed specifically for the blind. These items – in common with our braille and Moon publications and talking books – are heavily subsidized from our voluntary funds in order to bring them within easy reach of all Britain's blind.

Our technical department is currently working on a prototype of a battery-operated electronic thermometer with thermistor sensing element which is accurate to within one percent, and we now have available a soft foam-rubber play-ball containing a re-chargeable electronic core, a sound beacon to be used as a direction finder and locator, and a photo-conductive light-probe which converts into variable sounds the intensity of light falling on it.

Our technical department maintains a close watch on scientific advances, not only on behalf of the RNIB, but also for the International Research Information Service



Electronics have been used in the development of many new aids, including the Sound Beacon (left), a variable sound source for use in games, such as bowls, and the Light Probe (right), which converts different intensities of light into varying sound frequencies.

(IRIS), conducted by the Technical Committee of the World Council for the Welfare of the Blind.

The IRIS international exhibition of apparatus, on permanent display at RNIB Headquarters in London, at Marburg, West Germany, and in New York, has received a substantial quantity of apparatus from the Institute.

Through its international contacts, the technical department is able to cooperate closely with other national organizations for the blind and there is no doubt that many interesting projects currently under investigation will reach a beneficial conclusion in the years ahead.

International Relations

It was to be expected that Armitage, himself educated in France and Germany, a research worker in a German hospital and always a lover of foreign travel, should from the outset have wished the organization he founded to maintain friendly contacts with organizations for the blind in other countries. In fact, his investigations into embossed types involved a massive correspondence with the United States and European countries.

Over the years, members of the Institute's staff and Executive Council have attended many international conferences and seminars on all aspects of blind welfare and many of them have played leading roles in the development of blind welfare services in other countries. A case in point is that of what is now the Royal Commonwealth Society for the Blind, which came into being as a result of a report by the Institute commissioned by the Colonial Office on the post-war conditions of the blind in Africa and the Near East.

Perhaps the most significant development within the 20th Century in international work for the blind was the promotion by the American Foundation for the Blind and the Royal National Institute for the Blind of the first post-war Conference of Workers for the Blind. This conference held at Merton College in the University of Oxford in August, 1949, which was attended by workers for the blind from 19 different countries, not only made a significant contribution to post-war thinking and collaboration in the problems of the blind, but was responsible for bringing into being the World Council for the Welfare of the Blind, which held its first General Assembly in Paris in 1954.

The RNIB, as the co-ordinating body in British blind welfare, is the nominating body for the United Kingdom delegation to WCWB.

Employment

Armitage, on his travels in Germany, had in 1883 been impressed by the system of home work operated by the Dresden Institution and known as the 'Saxon System'. Our home industries department at Reigate, Surrey, today watches over the interests of some 200 blind people in the southeast of England who, for various reasons, need to work at home. The department supplies raw materials at competitive prices, gives technical help and advises on marketing.

In the second half of the nineteenth century and the beginning of the twentieth, it was accepted as a matter of course that blind people should work under sheltered conditions, either at home or in workshops. Occasionally certain blind men had the initiative to find positions in open industry and our founder was most impressed to find nine blind men at work in two Glasgow shipyards when he visited Scotland 80 years ago.

It was not until World War II, when every pair of hands was needed, that the integration of blind workers into open industrial employment made much headway. Even then, three years were to pass before the Ministry of Labor approved a scheme drawn up by the Institute whereby all employment exchanges were instructed to consider applications for employment from blind people.

Other organizations for the blind were also active in helping to pave the way for industrial employment of the blind at this time and by the end of the war more than 2,000 blind men and women were engaged in open industrial employment.

The crucial test, however, came with the changeover from wartime to peacetime industry, and so successfully was the challenge met by the Institute's specialist placement officers that, by 1963, the Institute had placed no fewer than 5,521 blind men and women in open industry. Our service, which had been largely pioneering and experimental, had proved to be of such vital importance to the blind that the Ministry of Labor assumed responsibility for routine industrial placement on a national scale, although the Institute continues to develop industrial aids and to be responsible for the placement in industry of blind adolescents.

Our own employment officers are now free to concentrate on placing blind men and women in commercial, administrative and professional occupations, and a record number of such placements has been made during the year, in spite of national economic trends.

Henry Stainsby, the Institute's first Secretary-General, did much to pioneer the employment of blind women as shorthand-typists.

Before coming to London in 1908, he had devised the braille shorthand machine, a re-designed and improved model of which is still marketed by the Institute today.

After World War II, the demand for both shorthand-typists and telephonists was such that the Institute decided to make use of a former wartime rehabilitation centre at Bridgnorth, Shropshire, to start a school of telephony. Before long, courses in shorthand-typing were added and in 1948 the school was recognized by the Ministry of Labor as a training centre for the disabled. The demand for training in commercial subjects became such that the school was transferred to London in 1951 and equipment for the training of audio-typists subsequently installed.

Because blindness must never be made to serve as an excuse for work of poor quality, the teaching staff at the College, as it is now called, has always aimed at training students to a high degree of accuracy and efficiency. Their success has been borne out time and time again by the awards won by students of the College in the qualifying examinations of the Royal Society of Arts, in which many thousands of sighted students compete.

Facilities at the College have been further improved by the installation in the summer of 1968 of a shorthand laboratory. The Employment Department is currently undertaking a study in depth of the problems of the 1,300 blind people presently engaged in commercial, clerical and related fields, and we shall pay particular attention to their prospects of promotion. When a similar inquiry into professional employment was conducted some years ago, much information was revealed that has since been of the greatest value.

Our employment service also investigates any idea which may lead to new forms of employment for trained blind workers, especially employment more in keeping with the space age. It is appropriate in this centenary year that one of the most important advances in the professional employment of the blind in Britain should involve an extensive use of braille.

The RNIB, in common with many U.S. workers for the blind, has always sought to show that suitable blind people with analytical minds can be trained to program computers. They use training manuals, which the Institute has transcribed into Braille, and line printers, easily adapted by the sponsoring computer manufacturers to print out in braille, to check the accuracy of their work.

At the end of 1968, the RNIB had been responsible for the training and successful placement of some 65 blind men and women as computer programmers (including two who have been promoted to systems analysts). A considerable number more are currently in training so that with the continuing support of the major manufacturers of computer equipment, together with that of several government departments, the RNIB can now guarantee that training and subsequent employment will be made available to any suitable blind person who may be interested in computer programming as a career.

By contrast, the professional capabilities of blind men and women trained in massage were recognized before the turn of the century.

Blind masseurs were practicing in 1891, and a number of blind men and women were actually working in the profession by 1900. The organization of massage by the blind was put on a more professional footing in 1904 when premises were opened in Lancaster Gate. When more room was needed, four years later, the National Institution for Massage by the Blind moved to 71 Bolsover Street, and became sub-tenants of the British and Foreign Blind Association, which eventually assumed full responsibility for its running.

Today the RNIB School of Physiotherapy offers a fully-recognized three-year training course leading to membership of the Chartered Society of Physiotherapists. The Department of Employment and Productivity underwrites the major part of the cost of training British students, the majority of whom are appointed on graduation to hospitals within the National Health Service. Students from overseas are sponsored by local organizations, who welcome the skills the graduates bring with them on their return.

An active after-care department helps both British and foreign graduates secure appointments and continues in touch with them throughout their career.

In the early days it was important to prove not only that blind men and women could be trained as physiotherapists but that they could also be fully employed. The practical demonstration of this within the RNIB was made possible in 1934 by a magnificent gift from Mr. William Eichholz in memory of his cousin, Dr. Alfred Eichholz, C.B.E., a valued member of the Council. It took the form of the Alfred Eichholz Memorial Clinic, which H.R.H. The Duke of Windsor opened as a headquarters for the profession of physiotherapy by the blind.

Growing Pains

Even before the early school of massage became an integral part of the British and Foreign Blind Association, it was becoming clear to the Executive Council that existing accommodation was fast becoming inadequate. Negotiations were begun for the possession of the site in Great Portland Street on which the present headquarters building stands, and the herculean task of raising enough money to build began.

In 1913, Mr. C. Arthur Pearson, a leading newspaper proprietor, who had gone blind in early middle age, was elected to the Executive Council. He immediately decided that something must be done about the state of the Association's finances and set to work devising the most ambitious fund-raising schemes, cajoled his Fleet Street friends into publicizing them and in less than a year had raised £60,000, double the target he had set for himself.

The completion of the new building was assured even though King George V and Queen Mary had to open it in March, 1914, before it was finished.

In recognition of his services, Arthur Pearson was made the first President of the National Institute for the Blind, which by then was leaving its semi-private image behind and emerging as an important voluntary organization.

The War-Blinded

Less than five months after the new building had been formally opened, war was declared and the Executive Council resolved to help any servicemen who lost their sight. Arthur Pearson, shortly to be knighted for his services to the blind, and Capt. Beachcroft Towse, V.C., a leading blind member of the Council, secured the cooperation of the British Red Cross Society and the Order of St. John and Pearson thereupon established and thus founded St. Dunstan's.

St. Dunstan's expanded its activities to include the rehabilitation, training and general welfare of ex-servicemen under the aegis of the Institute until 1922, when it was decided that St. Dunstan's should function independently of the Institute, which would concentrate on the welfare of the civilian blind.

A Library for Students

Pearson did all he could to encourage these men to train for professional careers. Those who elected to go to university or seek specialized training needed braille textbooks of all kinds, and the Institute launched an appeal for voluntary transcribers. Arrangements were made for their training, and the transcription of books began in earnest. As the servicemen completed their studies, they returned the books to form the nucleus of the Institute's students' library.

Today the library contains over 40,000 volumes and is dependent upon a happy combination of voluntary transcribers and permanent staff. During the past year our voluntary braillists have produced a total of 816 braille volumes, including many in foreign languages and in the special braille codes used for scientific and other complex material. Work of this kind necessarily involves a high degree of skill, acquired only after considerable training. It calls for real devotion, since most books for students have to be produced to meet urgent needs. We owe a tremendous debt to all our voluntary transcribers.

Library loans last year totalled 17,906 braille volumes, a heavy demand on the resources of a library small in comparison with any available to sighted students.

The widening range of subjects nowadays studied by blind people makes increasing demands on the blind proof-reading staff of the library, who, between them, must be sufficiently versatile to deal with mathematics, science, languages and law, as well as subjects such as economics and geography which require the translation into embossed form of tables, maps and diagrams.

The library's manuscript department puts into braille a variety of material, but is dominated by the task of supplying brailled papers for blind candidates, entering for examinations ranging from the Certificate of Secondary Education to those for university degrees. Over 2,000 braille question papers have been dispatched during the year.

In recent years the services of the students' library have been augmented by those of the student tape library, whose members use talking book equipment.

Any blind student over 16 following a full-time course of study is eligible to request the recording of titles not already available for purposes of study, provided access to them otherwise would be difficult. Recording for students is done by volunteers, mainly specialist in their subjects, in their own homes on their own tape-recorders. Our debt to these voluntary workers, too, is great. Over 500 "student" titles, covering a wide range of subjects, are now available.

Generations to Come

The waste of thousands of young lives in World War I emphasized the need for special provisions for children, on whom the future of the country depended, and especially for those in distressed circumstances.

Adeline, Duchess of Bedford, offered Sir Arthur Pearson her help in purchasing a house to be used as a home for young blind children, for whom no provision was being made. Queen Mary and Queen Alexandra also made generous gifts, and the first Sunshine Home for Blind Babies was opened at Chorleywood, Herts., in October, 1918, with a full complement of 25 children and a long waiting list. A second home, accommodating 30 children, was opened in Southport in 1923, and other followed.

The welfare of blind children has remained a constant concern of the Institute for close to 50 years but the number, nature and function of the Sunshine Homes have altered during that time to meet the changing needs of young blind children.

Today the Institute has six Sunshine Homes, three of them specifically designated for blind children who are educationally sub-normal, severely physically handicapped and mentally retarded. The other three also contain many who are similarly handicapped.



Parents with their young blind child meet the Head of our Parents' Unit.

In the early years of the Sunshine Homes the tendency was to assume that the blind child needed special help and care which the parents could not give. Now, in line with current education and social thinking, it is recognized that the Sunshine Homes can be effective only by working in close partnership with the family, by providing a service of assessment, guidance, education and even social relief to meet the special needs of each individual child and family.

Our parent counselling service provides for the parents of blind children of any age the experience which our Education Officer, the senior staff of our schools and Sunshine Homes and the head of our parents' unit have built up over many years.

Its function is to establish a good relationship with the parents of very young blind children before they enter a Sunshine Home. It has been found that much of a blind child's activity within the Institute's homes and schools can be educationally meaningless and economically wasteful if the troubled parents have not received adequate guidance at an early stage.

It is true that for some years now the overall number of blind children in the country has been gradually declining as conditions leading to infantile blindness have been arrested. At the same time, improvements in the infant mortality rate have brought about the survival into maturity of an increasing proportion of blind children with additional handicaps, in some cases the blindness being directly associated with the other handicaps.

No facilities for the special education of these additionally handicapped blind children existed in the 1930s, however, when the results of the improved mortality rate first became apparent. It has always been the policy of the RNIB, whether in its work for blind children or adults, to try and fill gaps in existing services rather than duplicate facilities already available. Thus, to meet the needs of these children who were capable of benefiting from an education, albeit on a less academic level, the Institute opened a special experimental school in 1931. The school so clearly filled a need that it outgrew its accommodation and was transferred in 1948 to Condover Hall, a fine Elizabethan house in a Shropshire village. Once again, the school has outgrown its accommodation and a linked group of "family unit" residences are to be constructed on the grounds.

To Condover Hall also come those blind children who are hard of hearing or totally deaf. Although their numbers are not great, the Institute has felt special provision should be made for them. "Pathways", an experimental deaf-blind unit, was constructed in the grounds of Condover Hall in 1952.

One deaf-blind boy who spent all his school days at the unit is now doing light assembly work and frequently returns to go on trips with the children. Another ex-pupil, a girl who lost both sight and hearing after meningitis, was prepared by the staff of the unit for grammar school education at Chorleywood College, and is now on the staff at "Pathways".

In 1957, the Ministry of Public Building and Works, acting on behalf of the Historic Buildings Council, acquired Rushton Hall, a sixteenth century estate near Kettering. It offered the hall to the Institute, which was seeking additional accommodation for the education of the increasing number of multiply-handicapped children. After extensive renovation and modernization, Rushton Hall was opened in 1960 as a school for additionally handicapped children between the ages of about seven and 12, thus leaving Condover Hall free to deal with the secondary age range.

Soon after the first Sunshine Home was opened in 1918 the Institute was presented with a house in Chorleywood, Hertfordshire, to be used as a school for the education of blind girls. The school, weathering initial difficulties, was recognized by the Board of Education in 1928. Today, it not only provides the pupils with the necessary qualifications for entry into the professions, but is also deeply concerned to fit them for living normally and fully in a sighted world.

Several former pupils from Chorleywood College have recently taken advantage of the opportunities offered by Voluntary Service Overseas to pass on their knowledge to both sighted and blind school children abroad, as has at least one old boy of Worcester College for the Blind.

Worcester College for the Blind was founded in 1866 by two clergymen for the "blind children of opulent parents". One of the first pupils, Sir Washington Ranger, who took honors in jurisprudence at Oxford in 1875, happened to meet Armitage one day. The outcome was that Sir Washington joined our Executive Council and later became Chairman. Since he was also a member of the Board of Governors of Worcester College,

strong links were forged which subsequently stood the College in good stead when it, too, ran into financial trouble.

Since 1936 the Institute has been responsible for the finances and administration of the College. The tightening of academic standards stemming from the 1944 Education Act, when entry to both schools became selective, has seen a greater proportion of pupils than ever before going on to university or taking courses in further education. Many of them are now being accepted for degree courses which it was previously thought impossible for the blind to attempt, while others are gaining entrance to colleges of education and colleges of advanced technology hitherto closed to them.

The Institute has always tried to provide in its schools the education and environment best suited to each child in his or her individual circumstances. The tolerant yet purposeful communities at Conover Hall and Rushton Hall, and the stimulus of small classes and lively minds at Worcester and Chorleywood, all contribute to the educational and social development of these youngsters. Yet the Institute realizes, in common with the other voluntary societies and local authorities who maintain schools for blind children, that unless steps are taken to prevent it, a certain amount of isolation is inevitable. Pupils are therefore encouraged to participate in as many as possible of the activities undertaken by their sighted contemporaries.

But most boys and girls leaving the rather circumscribed world of a school for the blind need help in preparing themselves for the conditions they will find in competitive sighted society. To this end, in 1956 we opened "Hethersett", a pre-vocational guidance centre for blind school-leavers at Reigate, Surrey. Its purpose is three-fold: to acquaint adolescents with the various forms of employment open to them and assess their aptitude for these; to encourage their social independence by teaching them to care for themselves and mix with sighted people socially; and to continue their general education.

The need for this kind of centre has been adequately demonstrated: 90 percent of all the blind school-leavers in the country, before deciding on the future course of their lives, now take a course either at Hethersett or at Harborne, the second assessment centre, subsequently started by the Birmingham Royal Institution for the Blind.

Accommodation

Improvements in medical science have not only reduced infant mortality but have also contributed to our longevity. It is not therefore surprising that the great majority of the blind in this country are of retirement age or over and that it is the women, by reason of their greater life expectancy, who predominate.

The Institute first turned its attention to providing residential accommodation for elderly blind women in 1915 when the house adjoining the Moon printing works in Brighton fell vacant on the death of Miss Adelaide Moon.

The house was not particularly suitable for conversion into a home but it did serve a useful purpose in providing residential accommodation for those persons who "by reason of age, infirmity or other circumstances are in need of care and attention which is otherwise not available to them", an obligation the government did not undertake until the National Assistance Act went onto the statute book nearly 30 years later.

The provision of residential accommodation was another aspect of blind welfare in which Sir Arthur Pearson was deeply interested; his last duty as President of the Institute

was to open the Institute's second home, this time for men and women, at Hoole Bank, Chester.

He also knew, before he died some days later, that "Bannow" the house the Dickens Fellowship had endowed at St. Leonards-on-Sea for the Institute to use to accommodate blinded ex-servicemen, was ultimately to be used as a convalescent and holiday home for blind men and women civilians. This house has been living up to its name ('welcome' in Welsh) for 50 years now, and there is probably no holiday home for the blind more widely known.

Any enterprise deeply concerned with welfare must be flexible in its approach if it is to further the best interests of the people it seeks to serve. Just as the number and nature of Sunshine Homes have changed over the years, so too have our residential homes for the elderly blind.

In 1947, the Institute broke new ground by cooperating with other societies in the establishment of residential homes of distinct character.

In association with the Harrogate Society for the Blind, we opened Craven Lodge, Harrogate, as a residential and holiday home. The home can accommodate at any one time 14 permanent residents drawn from the area served by the Harrogate Society for the Blind and 14 holiday guests whose fees are heavily subsidized by the Institute.

The Yorkshire spa of Harrogate is also involved in our plans for the future of some of our elderly deaf-blind residents, for we have recently replaced our former premises by a new purpose-built home which is regarded as the most up-to-date of its kind.

In line, too, with this same policy of adapting our amenities to fit changing patterns of blindness, we have closed some Holiday Homes and opened others in the form of modern hotels in holiday resorts which resemble their sighted counterparts in every respect.

The Institute's concern to provide residential accommodation is not confined to the elderly. As early as 1916 the Institute, recognizing that blind workers taking advantage of the greater employment opportunities in London needed accommodation, opened its first hostel. It now runs three in the London area and administers a group of Homes and Hostels on behalf of a private Charity, 'The Gift of Thomas Pocklington'.

Rehabilitation

We have mentioned our policy of adapting our services to meet the changing patterns of blindness among children and the elderly. The ways in which wars have been fought have also affected our work on behalf of young blind adults.

In the first World War, it was the servicemen who were blinded, in the second, to a greater degree civilians.

In 1940, Sir Beachcroft Towse offered his own beautiful home at Goring-on-Thames as a rehabilitation centre for civilians who might be blinded by enemy action. Towse, a double V.C. of the Boer War who was blinded in action, had himself determined to live his new life as independently as possible and channel his energies to serving the blind. He had become a member of the Institute's Executive Council in 1901, and Vice-Chairman later that year. In 1922 he had succeeded Sir Washington Ranger as Chairman of the

Institute and received a knighthood in 1927 for his services to the blind and to ex-servicemen. On his resignation because of ill-health from the chairmanship of the Institute in 1944 he was unanimously elected President, a vacancy that had not been filled since the death of Sir Arthur Pearson in 1921.

Long Meadow, Towse's House, became the first of the Institute's homes of recovery and remained in use until his death in 1948. Two other homes followed, Oldbury Grange, Bridgnorth (now used for social rehabilitation) and America Lodge, Torquay, the gift of the British War Relief Society of the United States of America.

At the end of the war, the Institute decided that all newly-blinded adults, whether casualties of war or not, stood in need of urgent help in the early days of their blindness, and America Lodge remained open. Manor House, another property in the same road, became the principal centre of activity when acquired in 1949.

As employment opportunities for the blind have increased over the years, so too has the number of newly-blinded adults with a useful working life before them who have taken advantage of the rehabilitation course offered by the RNIB at Torquay. An average of 400 residents a year pass through the Centre, which can accommodate 72 students at any one time on a course normally lasting up to 12 weeks.

This last year a new instructional block has been built in the ground of Manor House and classes which used to be held in different parts of the house and grounds have been centralized under one roof. The beginners' class for new residents has been extended and capstan lathes introduced into the machine shop. Having played a leading role in the formulation and implementation of a national policy vis-a-vis the long cane, we have now appointed eight specialists who are available to give instruction in the technique at Torquay.

Before a newly-blinded person can be trained for an occupation, he must learn to carry out normal daily tasks such as reading, writing and eating and walking. The rehabilitation course at Torquay aims at developing existing senses to compensate for loss of sight while building up a person's confidence and assessing his aptitude for various occupations.

There is a rather different emphasis in the social rehabilitation course offered at our Oldbury Grange Centre to those newly-blinded adults who are not ultimately seeking employment.

Personal Service

Dr. Armitage told the Royal Commission appointed in 1885 to investigate the condition of the blind and the means of increasing the number of blind persons qualified for employment that, unless the voluntary societies received a fillip from the state, it would be years before the Saxon system of after-care could be generally adopted in this country. In 1914 a debate in the House of Commons was followed by a resolution that the voluntary societies alone could not meet the needs of the blind. At last, in 1920, after continual pressure had been brought to bear on members of the government, the Blind Persons Act was passed.

Its most important provision was that local authorities should assume the responsibility for the welfare of the blind in their areas. A clause in the act also allowed for the old age pension to be granted to blind persons before they had reached the normal retirement age.

The passing of the act meant that the Institute was no longer responsible for visiting blind people in their homes, as it had done since it took over the London Home Teaching Society in 1915.

The work of the Institute's services department, which had its beginnings in the home teachers' reports of chronic cases of hardship among the blind they visited, was unaffected by the changeover in responsibility and still handles applications for financial assistance through the administration of the many pensions from special funds with which we have been entrusted.

Prevention of Blindness

Although our work is primarily concerned with the welfare of those men, women and children in this country who are blind, we nevertheless believe that it is our duty to do all we can, within the scope of the limited finances available to us, to encourage research into the prevention and cure of blindness.

For over 30 years, the Institute's Prevention of Blindness Committee has been aiding research projects with annual grants or contributing to the establishment of others.

In 1962, the Institute embarked upon a new venture by setting up the British Foundation for the Prevention of Blindness to undertake projects beyond the scope of its own Committee.

Since that date a sum of over £200,000 has been expended on some research projects either through the Foundation or the Committee.

A published account of this research work reveals that 14 different projects have been supported by sums ranging from £100 to £100,000. The field covered has been equally varied and has included genetics of eye diseases amongst children, corneal transplantation, diabetic retinopathy, retinitis pigmentosa, cataract and glaucoma. It has been associated with the Royal College of Surgeons, the Institute of Ophthalmology and 10 different eye hospitals or medical schools.

Centenary Celebrations

The actual year of the Institute centenary was marked by a wide range of events. A special service of Thanksgiving was broadcast from the Institute's London headquarters, throughout the national radio network on Sunday, February 25, 1968. The service, which was ecumenical, was conducted by blind clergy, the singing was led by a blind choir and accompanied by a blind organist.

Other Thanksgiving services were held later in the year at Salisbury and Hereford Cathedrals and on October 17 (the day after the Institute's 100th birthday) a great service took place in St. Margaret's Church, Westminster, in the presence of H.R.H. The Princess Margaret, officers of the Institute, representatives of the Government, civic dignitaries and organizations for the blind. The sermon was preached by the Lord Archbishop of Canterbury.

In March, the city of London paid its tribute to the RNIB by way of a banquet in the historic hall of the Clothworkers Company in the presence of The Lord Mayor, Alderman and Sheriffs of the city, the Minister of Health and many distinguished guests. On this occasion the toast of the Institute was proposed by Dr. M. Robert Barnett of the American Foundation for the Blind.

The main event was during the month of May when one of our patrons, her Majesty The Queen, opened the Institute's Centenary exhibition in London which was appropriately named "Foresight – The Saga of a Hundred Years".

July was the time of the Institute's annual general meeting which appropriately coincided with the European Committee of the World Council for the Welfare of the Blind which met at RNIB headquarters. On the previous evening the Prime Minister (the Right Hon. Harold Wilson) gave an official reception to representatives of the Institute's Council and of 30 European nations. On the following day the annual general meeting took place when the principal speaker was Mr. Eric T. Boulter, president of the World Council for the Welfare of the Blind, himself a former member of the RNIB staff. On the same evening the Institute's Council and the delegates of the European nations attended a reception on the Martini terrace of New Zealand House, high over Trafalgar Square. This occasion was graced by the presence of the Institute's other Royal patron, Her Majesty Queen Elizabeth, the Queen Mother, who talked with all the 160 guests.

Altogether five members of the Royal Family, some on more than one occasion, attended the numerous events in London and provincial cities which marked the centenary of Britain's leading organization for the Blind. In addition there were many radio and television programs concerned with the events.

Centenary Gift Vouchers

The RNIB was, however, very much of the opinion that in order to mark this most significant milestone in the history of British blind welfare, it should do something by way of a gesture to every one of the 115,000 blind men, women and children in the British Isles. It felt, rightly as events subsequently proved, that its many and varied services were insufficiently well known to quite a number of blind people.

At the beginning of 1968 it issued a combined greetings card and gift voucher to every blind individual, the voucher being available as a payment of £1 during the course of centenary year to any of the services (all already heavily subsidized) provided by the RNIB. In all some 67,000 of these vouchers were redeemed. Naturally, it was anticipated that there would be a number of blind people who did not wish to avail themselves of this offer and the unexpended balance has gone to establish a special centenary fund which will be used to augment normal assistance funds to meet any exceptional cases of difficulty or hardship where a financial grant would appear to provide the best solution.

Conclusion

The RNIB has grown to be the national coordinating organization in British blind welfare. It is governed by a Council which represents every aspect of the welfare of the blind with particular emphasis on the blind themselves. It has stood the test of the transfer from private philanthropy to a national voluntary organization, using voluntarism in the sense of engaging in pioneer and experimental work and developing that work to the stage where it may either be taken over, or substantially financially supported, by the statutory authority.

In the last 100 years it has doubtless made mistakes; certainly it has on occasion been sadly misunderstood. But as it enters its second centenary of achievement, it can still justly and proudly claim to extend a helping hand to all Britain's blind to help themselves.

STATE AGENCIES SERVING THE BLIND AND VISUALLY HANDICAPPED

By George A. Magers

INTRODUCTION

In training programs for new counselors and other personnel coming into the field of work for the blind, we are often confronted with the questions: What are the types of agencies? How are they organized in various States?

There are directories listing agencies serving the blind, giving their addresses, administrative personnel, and services rendered. However, we know of no instance where there is an overall picture of the varied differences in the organizations of State agencies providing social and rehabilitation services.

In planning this article we first realized that it would be impossible, because of time and space, to go into great detail concerning each and every State agency serving the blind; therefore, we found it necessary to choose those agencies which have, as a part of their complex of services, a State plan for vocational rehabilitation services. We have in a few instances listed State agencies which are closely connected with the social rehabilitation program in the particular State.

We have dealt with the provision of financial aid to the blind only in those State agencies where it is a part of an overall program of services, including vocational rehabilitation. We have not attempted to catalog the State agencies having the prime responsibility for the provision of the categorical aids, including Aid to the Blind; neither have we given attention to State agencies primarily responsible for the education of blind children, again, with the exception of those agencies which provide as a part of their services, liaison personnel to work with this aspect of services to the blind.

Our study of State agencies as reported in the article, necessitated the collection of data over a period of several months and there will, undoubtedly, be changes by the time of publication. In other words, it is virtually impossible to give a single day current report on the organizational structure or details regarding agency functions in the United States because the State agencies are constantly undergoing minor reorganizations and minor innovations, with respect to functions as a normal part of the State's operations. In some instances, there may be rather major changes in either organizational structure, or assigned services.

We have made an effort to keep such discrepancies to a minimum and to give as accurate a picture as possible. Undoubtedly, there will be a few instances when errors of reporting have been committed. In other instances, there may have been omissions. In still others, we may have credited a State agency with a service which it does not actually perform.

The following pages will give an overall picture and flavor of the State agencies serving the blind which participate in the State-Federal partnership in the Social and Rehabilitation Service.

BACKGROUND

Services to the blind gained a foothold in the United States with the establishment of the Perkins School for the Blind in 1832 by the renowned educational leader, Samuel Gridley Howe.

Perkins was organized as a private school with primary functions of offering educational services to blind elementary and secondary school children. From this beginning, State after State established residential school facilities for blind children. Today, 39 State-financed and operated schools for the blind are in existence. Those States which do not have residential school facilities purchase educational services from neighboring public and private residential school facilities, or have established special education programs in the regular public school systems.

During the 61 intervening years, from the establishment of the Perkins School for the Blind till the creation of the first State agency to serve the adult blind, services to blind persons beyond the school age were isolated and in many cases non-existent, except through private agencies. There were a number of instances where the residential schools for the blind established vocational training programs for post-graduates and other adult blind persons in the State. These programs were modest and emphasized primarily broom and mop making and piano tuning.

In 1893, the Connecticut legislature adopted enabling legislation creating the Connecticut Agency for the Blind, assigning to it the primary purpose of providing teaching services to adult blind persons in their homes. From this beginning more than 75 years ago, State agencies for the adult blind have been established in the great majority of States throughout the land.

At the present time there are thirty-five separate State agencies for the blind having approved Statewide plans for vocational rehabilitation services for the blind. These agencies also offer a complex of other services such as: hometeaching, eye treatment and sight restoration, prevention of blindness, talking book machine distribution, liaison assistance to blind children in their homes and in their communities, etc.

In the fifteen other States, the territories and the District of Columbia, services for the adult blind are primarily placed within the general vocational rehabilitation agency serving all types of disabilities, as will be noted in the following State reviews. These services are either in a separate unit within the general agency or, in a few instances, are mixed as a regular part of the overall agency function. In relatively few States, separate agencies for services to the adult blind other than vocational rehabilitation exist.

In the period from 1893 to 1943, separate agencies serving the adult blind tended to take one of two forms in their development — they were either under a commission or board appointed by the Governor or in a separate division within a larger State department.

The scope of services offered in these agencies was primarily devoted to teaching services to adults in their homes, concentrating on the teaching of braille and other communication skills, handicrafts, and habits of daily living.

During the 1930's, with the establishment of the talking book machine program and the provision of talking books through the Library of Congress, State agencies for the blind were usually designated as the distributing agency for the talking book machines. This added a new dimension to the functions of the State agencies involved.

Home teaching personnel often assumed the responsibility for the actual delivery of machines, introducing the blind person to the use of this equipment and assisting him in completing the necessary registration forms for the drawing of books from the regional libraries providing talking books for blind persons.

In 1943, with the enactment of Public Law 113 by the Congress of the United States, services to the blind again experienced a profound change in the scope of services provided to adults. These amendments widened the eligibility factor for the vocational rehabilitation of the disabled, including the blind, and enabled the different agencies throughout the country to submit State plans for the implementation of vocational rehabilitation services to the blind and to receive Federal funds to be matched with State resources.

In preparing this summary of State agencies serving the blind, we have arbitrarily taken as a point of reference the State-Federal vocational rehabilitation program for the blind. This in no way is intended to limit the importance of the other services provided within the agencies. A comprehensive program of services to adult blind is so inter-related it would be valueless to attempt to separate out any single sequence of services; however, because of time and space, certain limiting factors have had to play a part in the preparation of the State summaries to follow.

Examples of some of its limitations are the specialized services provided to the deaf blind, mentally retarded blind, or other multiple handicapped blind person.

We have also not reviewed the educational programs for blind children either in residential school facilities or in the regular public school systems. Likewise, we have not included the different agencies providing financial assistance commonly known as Aid to the Blind unless this program was a part of the overall functions of a single State agency providing services to the blind. Both the State summaries and the tables indicate those agencies which are directly providing either supervision or administration of Aid to the Blind or are directly involved in the provision of educational services to blind children.

At the time of this writing, thirteen States have commissions for the blind directly appointed by the Governor. Twenty-two States have separate divisions for services to the adult blind established in larger departments such as: welfare, education, social administration, family services, etc.

As previously pointed out, fifteen States, Guam, Puerto Rico, the Virgin Islands, and the District of Columbia have services for the adult blind assigned to the general divisions of vocational rehabilitation. The organizational structure for these services is widely varied, but twelve States and territories have established separate identifiable units within the general agency for the purpose of providing services to blind persons.

In at least one instance, notably Alabama, an agreement has been developed between the division providing vocational rehabilitation services for all disabled, including the blind, and the special State agency known as the Institute for the Deaf and Blind. This agreement addresses itself primarily to services for the adult blind. The financial and staff resources of both are blended in a plan to provide a comprehensive program for all blind persons in the State with the exception of Aid to the Blind and education of blind children.

In collecting material for this publication, we have noted the tremendous variety in organizational structure and detailed assignment of functions throughout the United States. While there is similarity in many of the enabling acts creating these agencies, differences are evidenced in accordance with the general organizational structure within the State government itself. During the past quarter of a century, it is also obvious that many changes in the form of legislative action or administrative decision have taken place in both the organization structure and duties assigned to the different state agencies involved.

Prior to the availability of Federal funds for matching purposes in 1943, the State agencies serving the adult blind operated under limited budgets with a paucity of funds for either the direct provision or purchase of services. In a preponderance of instances, the State agencies' budgets were concerned with salaries and necessary expenditures for the staff to provide direct services, with the exception of those agencies which operated workshop facilities.

With the expanded availability of State-Federal funds for vocational rehabilitation services to the blind, the budgets of the various agencies have shown drastic increases. These increases have been both in salaries and expenses and in case service funds.

Table A shows the estimated total budget available for each agency for the fiscal year of 1969.

Estimated Total Budget Available in Fiscal 1969

Alabama	\$1,200,000	Montana	\$ 170,000
Alaska	15,000	Nebraska	497,954
Arizona	331,500	Nevada	237,000
Arkansas	840,000	New Hampshire	237,119
California	2,921,000	New Jersey	2,634,813
Colorado	500,000	New Mexico	258,308
Connecticut	2,700,000	New York	5,994,781
Delaware	850,000	North Carolina	9,500,000
D. of C.	278,134	North Dakota	100,000
Florida	2,346,403	Ohio	1,600,000
Georgia	1,219,618	Oklahoma	1,060,300
Guam	31,350	Oregon	480,000
Hawaii	495,405	Pennsylvania	3,412,975
Idaho	165,000	Puerto Rico	100,000
Illinois	1,500,000	Rhode Island	425,813
Indiana	638,965	South Carolina	1,500,000
Iowa	1,100,000	South Dakota	390,000
Kansas	1,726,152	Tennessee	1,431,340
Kentucky	726,656	Texas	2,506,925
Louisiana	1,257,917	Utah	350,000
Maine	675,000	Vermont	206,431
Maryland	500,000	Virgin Islands	15,000
Massachusetts	9,797,496	Virginia	3,965,640
Michigan	1,400,000	Washington	1,055,750
Minnesota	1,250,000	West Virginia	500,000
Mississippi	1,358,400	Wisconsin	1,023,383
Missouri	1,179,000	Wyoming	223,142

It should be pointed out, however, that where vocational rehabilitation services to the blind are mixed with vocational rehabilitation services to all the disabled, it is difficult

to break out a reasonable estimate of expenditures solely for the blind or severely visually disabled. In some cases we have not included such budgetary items as gift funds, endowments, bequests, etc.

As indicated elsewhere in this article, we have pointed out the requirements for limitations on detailing agency functions. The different State agencies, in accordance with their statutory provisions, provide many minor but important services to blind persons.

In a few States, there are special appropriations for reading and scholarship funds for blind persons who attend college. In at least three instances, these programs are either directly or indirectly administered through the primary State agencies providing services.

In other States, special tax exemptions have been provided, either with respect to property or income or both.

In still others, such provisions as free fishing and hunting licenses, etc., have been authorized, and usually the primary State agency serving the blind is asked to certify the applicant's eligibility with regard to blindness.

In a number of States, the agency has been charged with the maintenance of a register of the blind. In a few instances, these laws make it compulsory for the reporting on the part of the medical community of individuals who are blind. In others, the laws are of a permissive nature concerning reporting.

A growing number of public agencies serving the blind are activating programs for the pre-school blind child and his parents. These programs are basically educational in nature and do not necessarily indicate the provision of services to the child. However, the agency's personnel is usually responsible for making the necessary referrals to related public and private agencies for physical restoration or other services which may be required.

In still other States, special libraries for the blind have been established and are administered by the primary agency providing a comprehensive program of services to the blind. At the present time, seven State agencies for the blind administer library facilities for their constituents.

A number of State agencies established industrial homes for the blind. With the advent of the comprehensive rehabilitation centers for the blind, these facilities have been phased out; in fact, the last State operated industrial home for the blind is scheduled for closing when the new rehabilitation center is completed at Kalamazoo, Michigan.

Since the early 1940's, ten States have built and are now operating rehabilitation centers as a part of the comprehensive program of services to the blind. An additional State center is nearing completion and another has firmed up financial arrangements and will soon commence construction. In three States, legislative authority has been given for the eventual construction of rehabilitation centers to be a part of the State agencies serving the blind. A number of other States are considering the preparation of legislative recommendations to this end.

As a part of an overall program of services to the blind, many States established workshops either in conjunction with industrial homes or as separate entities. In nineteen States, these workshops are administered by the agency providing other services to the adult blind. In three States, separate workshops for the blind are administered through a

different organizational structure from that in which the agency serving the blind is located.

In the past few years, a number of State agencies administering sheltered workshops for the blind have assigned to these facilities the functions of personal adjustment and work evaluation though on a much more limited basis than those offered in comprehensive rehabilitation centers for the blind.

In at least one State, work activity centers have been established as separate facilities, but administered along with sheltered workshops in the comprehensive program.

In 1936, the Randolph-Sheppard Vending Stand Act was approved by Congress authorizing the designation of State licensing agencies to administer this program on the State level. This permissive legislation provided no direct Federal funds for this program; however, a number of States developed business enterprises programs, either directly administered by the State agency serving the blind, or through private non-profit organizations working as nominee agencies.

The 1943 Amendments to the National Vocational Rehabilitation Act made it possible for State-Federal financing to be used in extending and improving these programs.

In 1955, when the Vocational Rehabilitation Law was again amended, provision was made for the designated licensing agency for the Randolph-Sheppard program eventually to be the same as the agency administering the Vocational Rehabilitation program for the blind.

The following table shows the designated licensing agencies, the nominees on a Statewide basis, and local nominee agencies.

State	Designated Licensing Agency	Nominee Agency	Set Aside Funds
Alabama	Voc. Rehab.	Institute for the Deaf and Blind (advisory and training)	X
Alaska	Office of Voc. Rehab.		X
Arizona	Division of Rehab. for the Visually Impaired		X
Arkansas	Rehab. Services for the Blind	Arkansas Enterprises for the Blind (advisory)	X
California	Department of Rehab.		X
Colorado	Division of Rehab.		X
Connecticut	Board of Education and Services for the Blind		
Delaware	Commission for the Blind		X
D. of C.	Department of Voc. Rehab.	Washington Society for the Blind (advisory)	X
Florida	Council for the Blind		X

State	Designated Licensing Agency	Nominee Agency	Set Aside Funds
Georgia	Office of Rehab. Services		X
Guam	Division of Voc. Rehab.		X
Hawaii	Department of Social Services		
Idaho	Commission for the Blind		
Illinois	Division of Voc. Rehab.	Business Opportunities for the Blind (day-to-day mgt. services)	X
Indiana	Agency for the Blind		
Iowa	Commission for the Blind		
Kansas	Services for the Blind		X
Kentucky	Bureau of Rehab. Services		X
Louisiana	Division for the Blind		
Maine	Division of Eye Care and Special Services		X
Maryland	Division of Voc. Rehab.	Maryland Workshop for the Blind (day-to-day mgt. services)	X
Massachusetts	Commission for the Blind		
Michigan	Division of Services for the Blind		X
Minnesota	State Services for the Blind		X
Mississippi	Voc. Rehab. for the Blind		X
Missouri	Bureau for the Blind	Missouri Opportunities for the Blind (bookkeeping services)	X
Montana	Division of Visual Services		X
Nebraska	Services for the Visually Impaired		X
Nevada	Services to the Blind		X
New Hampshire	Division of Welfare		X
New Jersey	Commission for the Blind		
New Mexico	Division of Services for the Blind		X
New York	Commission for the Blind and Visually Handicapped		X
North Carolina	State Commission for the Blind		X
North Dakota	Division of Voc. Rehab.		
Ohio	Division of Services for the Blind	Cleveland Society for the Blind (day-to-day mgt. services) Cleveland area only	X
Oklahoma	Voc. Rehab. Division		X
Oregon	State Commission for the Blind		X
Pennsylvania	Bureau of Visually and Physically Handicapped		X
Puerto Rico	Voc. Rehab. Division		X
Rhode Island	Division of Services for the Blind		X
South Carolina	Commission for the Blind		

State	Designated Licensing Agency	Nominee Agency	Set Aside Funds
South Dakota	Service to the Blind and Visually Handicapped		
Tennessee	Blind Services Section		X
Texas	State Commission for the Blind		X
Utah	Office of Rehabilitation Services		X
Vermont	Division of Services for the Blind and Visually Handicapped		X
Virginia	Commission for the Visually Handicapped	Business Opportunities for the Blind (day-to-day mgt. services)	X
Virgin Islands	Division of Voc. Rehab.		
Washington	Services for the Blind		
West Virginia	Division of Voc. Rehab.	Society for the Blind and Severely Disabled (day-to-day mgt. services)	X
Wisconsin	Division of Voc. Rehab.		X
Wyoming	Division of Voc. Rehab.		X

In the beginning, educational programs and services to the adult blind were primarily limited to individuals with little or no vision. However, with the evolvement and wide acceptance of a legal definition of blindness, agencies serving the adult blind began to extend their services to individuals falling within this definition. More recently, a number of agencies have expanded their visual eligibility requirements to include the severely visually handicapped.

During the past few years, public agencies serving the blind have accelerated their acceptance of the need to serve individuals with impaired vision as well as those individuals within the legal definition of blindness; this is particularly true with respect to the provision of vocational rehabilitation services.

The following States serve only the legally blind: New York, Michigan, Arkansas, and Indiana. The remainder extend services to the visually handicapped including the blind.

The following table shows the location of the primary agencies serving the blind in the State organizational scheme of Government. In two instances, Alabama and Illinois, more than one State agency is indicated with the program for vocational rehabilitation services listed first.

At the conclusion of the State summaries, a table illustrates the number of blind persons served in fiscal year 1967. These figures have been taken from available documents, correspondence with State agencies, and interviews with administrators of these agencies. Both the number of individuals served and budgetary figures are cumulative in that we have attempted to combine all services to blind persons in each State, with the exception of public assistance payments and educational services. This table also indicates the number of full-time positions included in each agency's 1969 budget.

State	Commissions or Boards	Commissions Within State Departments	Divisions in Welfare Departments	Departments of Rehabilitation	Intermingled with General Division of Voc. Rehab.	Divisions Directly Responsible To Governor	Departments of Education
Alabama	X				X		
Alaska					X		
Arizona			X				
Arkansas							X
California				X			
Colorado				X			
Connecticut	X						
Delaware	X						
D. of C.					X		
Florida	X						
Georgia					X		
Guam					X		
Hawaii				X			
Idaho	X						
Illinois			X		X		
Indiana		X					
Iowa	X						
Kansas			X				
Kentucky					X		
Louisiana			X				
Maine			X				
Maryland					X		
Massachusetts	X						
Michigan			X				
Minnesota			X				
Mississippi			X				
Missouri			X				
Montana			X				
Nebraska	X						
Nevada			X				
New Hampshire			X				
New Jersey		X					
New Mexico			X				
New York		X					
North Carolina	X						
North Dakota					X		
Ohio			X				
Oklahoma			X				
Oregon	X						
Pennsylvania			X				
Puerto Rico					X		
Rhode Island			X				
South Carolina	X						
South Dakota						X	
Tennessee			X				
Texas	X						
Utah				X			
Vermont			X				
Virginia	X						
Virgin Islands					X		
Washington			X				
West Virginia					X		
Wisconsin					X		
Wyoming			X				

SUMMARY OF STATE AGENCIES SERVING THE BLIND

Alabama

Services to the adult blind in Alabama were initiated first by the Institute for the Deaf and Blind at Talladega, operating under a Board of Trustees. In 1943, with the passage of the Barden-LaFollette Act expanding the State-Federal vocational rehabilitation program, vocational rehabilitation services were initiated in the Division of Vocational Rehabilitation, providing these services to all disabled, including the blind. Since that beginning, a unit on services to the deaf and blind has been developed in that agency with special counselors located in the different field offices throughout the State.

More recently, a complex but highly effective working agreement has been developed between the Division of Vocational Rehabilitation and the Institute for the Deaf and Blind in Talladega, with reference to the provision of services to the adult blind. Under this agreement the two agencies jointly combined their resources to provide a comprehensive program of services. State funds from both agencies are now used to match Federal funds. Personnel employed by both agencies may be located in either the Division of Vocational Rehabilitation field offices or the Institute for the Deaf and Blind at Talladega.

The two agencies now provide services in the field of vocational rehabilitation, home teaching, rehabilitation center, sheltered workshop, business enterprises, the distribution of talking book machines, and the maintenance of a library for the blind at Talladega. A unique facility has recently been completed which provides trade technical training for both the deaf and blind. This is the only vocational training resource of its kind in the United States.

In 1967 more than 1,500 blind adults in Alabama received services from the two agencies. The 1969 expenditures are estimated at \$1,200,000. These two primary agencies providing services to the blind employ more than 100 individuals in the direct provision of services to adults.

Alaska

Services to the adult blind in Alaska are provided through the Division of Vocational Rehabilitation in the same manner as provided for all disability groups. The State employs no home teachers or special counselors at the present time. However, current plans call for the hiring of a special coordinator for services to the blind in FY 1970. In 1967, approximately 15 blind persons received services through this agency, and it is estimated that at least \$15,000 will be spent in FY 1968. Additional services for blind children and aid to the blind (public assistance) are provided through the Departments of Education and Welfare of the State. At the present time, services for the adult blind are primarily vocational in nature.

Arizona

In 1966, the Arizona State Welfare Department reorganized its unit of services to the blind making the Division of Rehabilitation for the Visually Impaired and Arizona Industries for the Blind two separate units in the Department. The directors of both divisions report directly to the head of the Welfare Department. The Division of Rehabilitation for the Visually Impaired administers vocational rehabilitation services, the business enterprises program, social adjustment (or home teaching services), distribution

of talking book machines, and prevention of blindness. During Fiscal 1967, more than 350 blind and visually handicapped individuals received vocational rehabilitation or home teaching services from the agency. During the same period, over 700 individuals were using talking book machines. In FY 1967 the agency authorized eye examinations for more than 3,200 visually handicapped individuals and provided treatment and surgery for 1,600 applicants. The 1969 Fiscal budget for the agency is approximately \$331,500 providing for 23 full-time employees.

Arkansas

With the expansion of vocational rehabilitation services for the blind provided in the 1943 Amendments to the Federal Vocational Rehabilitation Act, the Division of Vocational Rehabilitation in Arkansas employed specialists to work with the general rehabilitation counselors in the provision of employment services to blind applicants. During the same time, the Division was designated as the State licensing agency for the business enterprises program as provided in the Randolph-Sheppard Vending Stand Law. The agency, by agreement, delegated the administration of day-to-day management services for the business enterprise program to Arkansas Enterprises for the Blind, a non-profit corporation, as its nominee.

In 1945 the State legislature enacted legislation enabling the State Department of Welfare to employ personnel to provide special adjustment or home teaching services to the adult blind. In 1955 these services were transferred to the Division of Vocational Rehabilitation.

In 1965 the Division of Vocational Rehabilitation Services for the Blind was created and vocational rehabilitation and adjustment services for blind persons was transferred to this new agency. The newly created division also assumed direct responsibility for the full administration of the vending stand program for the blind. The Division of Rehabilitation Services for the Blind is located in the State Department of Education. Its Director reports to the Commissioner of that Department, in the same manner as does the Director of the Division of Vocational Rehabilitation responsible for vocational rehabilitation services to all others disabled.

The Arkansas agency, now providing vocational rehabilitation services and adjustment or home teaching services, is responsible for the distribution of talking book machines and administers a business enterprise program. At the present time, adjustment or home teaching services are provided primarily to applicants for vocational rehabilitation services. Social services to the older blind in the State, including aid-to-the-blind recipients are not now provided as such, although the agency has State authority for providing these services as well as liaison services to blind children. These programs have not yet been implemented because of limitation on personnel and case service funds.

The Division of Rehabilitation Services for the Blind has its administrative offices in the State Capitol, Little Rock, with district offices located in population centers throughout the State.

In 1967, it provided services to more than 1,400 blind individuals. In the current fiscal year, it has 58 positions, 32 of which are professional. In 1969 it has a total budget of \$840,000 from all resources.

California

In the mid 1940's, services to the adult blind were limited to home teaching and sheltered employment. This was prior to the initiation of special services to blind persons in the general agency. During nearly a 20-year period and until 1963, services to the blind were located in a number of virtually autonomous units within the Division of Institutions and Special Services which was a part of the Department of Education. During that year the State created a Department of Rehabilitation. This Department was headed by a Director who was appointed by the Governor but was administratively responsible to the Administrator of the State's Department of Health and Welfare. The different divisions were headed by chiefs who were immediately responsible to the Director of the Department of Rehabilitation and his deputies. One of these divisions was Rehabilitation for the Blind. Within that Division there were a number of units, namely; vocational rehabilitation of the blind and severely visually handicapped, field rehabilitation services, the business enterprises program, industrial rehabilitation services, eye treatment, and the California Orientation Center for the Blind at Albany. The industrial rehabilitation services unit was made up of three sheltered workshops in Berkeley, Los Angeles, and San Diego. In that unit were also three opportunity work centers for the blind in Berkeley, San Jose, and Los Angeles.

On March 1 of 1969, the Department of Rehabilitation was reorganized. The realignment of functions was made on a five-region basis and the Division of Rehabilitation Services was abolished. The Department continues to provide the services to blind and visually handicapped disabled as outlined above; however, line responsibility for both the field staff and facilities has been placed under the administrator of each of the five regional offices. The supervisory personnel in the former Division of Rehabilitation Services to the Blind have either been assigned to consultative positions in the central office or have supervisory responsibility for a variety of services for the disabled including the blind.

In 1967 more than 4,100 blind persons received services through the Division of Rehabilitation. The agency's budget for fiscal year 1969 is in excess of \$2,921,000 including provisions for 219 employees.

Colorado

In 1908 the State legislature established a sheltered workshop for the blind in Denver. In the mid 1920's, limited home teaching services for the adult blind were initiated in the Department of Welfare. After the 1943 Vocational Rehabilitation Amendments, special staff was employed to work with the general vocational rehabilitation counselors in the provision of vocational rehabilitation services to blind applicants. In 1947 a special program for vocational rehabilitation services to the blind (including responsibility for the business enterprise program) was established as a separate function. In 1951 this agency initiated a home industry program. In 1959 Colorado established a Department of Rehabilitation, and brought together into the Division of Services to the Blind vocational rehabilitation, adjustment services for the adult blind, the business enterprises program (as provided by the Randolph-Sheppard Act), home industries for the blind, a work evaluation unit, and the sheltered workshop. The Chief of this Division reports to the head of the Rehabilitation Department.

In 1967 the agency served more than 900 blind persons throughout the State. The 1969 fiscal budget calls for total funding of \$500,000 which includes 34 full-time positions.

Connecticut

Established by statute in 1893 as an independent State agency, the Board of Education and Services for the Blind has been providing multiple services to blind persons for the past 76 years. The Board consists of the Governor and Chief Justice, and six members appointed by the Governor, each for a four-year term. The Director of the Connecticut agency reports directly to this Board. Services to the blind are provided through four divisional units: Business Administration, Children's Services, Adult Services, and Vocational Rehabilitation. The comprehensive program maintains a register of blind people; serves blind children and adults (also, persons whose vision may be seriously impaired); arranges medical and surgical treatment for those whose vision can be conserved or improved; distributes government-owned talking book machines; confers with parents of blind children or with newly-blinded adults; plans with parents for the education of visually handicapped children from pre-school through high school years in both public and residential schools; provides health care as a means of preventing blindness; offers vocational rehabilitation services encompassing counseling; planning, training and guidance; establishes small business enterprises, snack bars and cafeterias; teaches typing, handicrafts, braille, and household and pre-vocational skills to the adult blind in their homes.

In 1967 the agency provided services to 3,025 blind persons throughout the State. During the current year there are 77 employees working in the agency and the fiscal 1969 budget is \$2,700,000 from all sources.

Delaware

The Delaware Commission for the Blind was established by an act of the legislature in 1909 as the independent agency to provide services to blind children and adults. The creation of this State agency was the direct result of activities of a private commission which had previously been organized to develop a sheltered workshop program. The Commission is made up of seven members appointed for a five-year term by the judges of the Superior Court. The Director of the agency reports directly to this body. The Commission's offices are now located in the original workshop property. During the intervening years, initial services have been strengthened and new ones added. In 1943 vocational rehabilitation services for the blind became part of the State agency's function. At the present time it is responsible for education of blind children (using either public schools or out-of-state residential facilities); adjustment or home teaching services; social services to aid-to-the-blind recipients; aid-to-the-blind program (financial); and is designated as the distributing agency for talking book machines. A small braille circulating library is maintained by the Commission. In conjunction with the sheltered workshop and the vocational rehabilitation program, the agency maintains a workshop evaluation and training center. It is also responsible for the business enterprises program as provided by the Federal Randolph-Sheppard Act. Under a working agreement with the Social Security Administration, the State agency is responsible for disability determination with regard to the Social Security Disability Insurance program. Along with the above-mentioned services, the Commission also provides prevention of blindness and eye treatment services.

In 1967 this agency provided services to over 600 blind persons. Its 1969 budget of \$850,000 provides for 35 staff members. It should be pointed out that this budget includes monthly aid-to-the-blind grants.

District of Columbia

Prior to the passage of the Randolph-Sheppard Act in 1936, services to the blind in the District of Columbia were provided through private agencies. Following the adoption of the National Vending Stand Act, vocational rehabilitation services to the blind were initiated as part of the general program providing these services to the disabled in the District. From the periods of 1938 to 1943, the activities of services to the blind were devoted primarily to the establishment of vending stands in Federal buildings and the activation of a private corporation to serve as nominee agency for the business enterprise program. After the passage of the Barden-LaFollette Act of 1943, additional staff was added to the local unit serving the blind and vocational rehabilitation services were expanded.

In 1954, vocational rehabilitation services for all the disabled including the blind in the District of Columbia were made a unit within the District's city government structure. Services to the blind and visually handicapped were provided through a branch organization in that unit. In 1968 the different services provided to blind and visually handicapped persons by the District Government were assigned to specialized bureaus as a part of a reorganization plan. At the present time, the Department of Rehabilitation provides services to the blind and visually handicapped in the fields of vocational rehabilitation services, mobility training, home teaching, and the business enterprise program.

In fiscal 1967 services were provided to more than 375 blind and visually handicapped individuals. In 1969 the budget of \$278,134 provides for 20 full-time positions directly involved in providing services to the blind and visually impaired.

Florida

The Florida Council for the Blind was established in 1941 as a result of a special plea on the part of Helen Keller and members of the Florida Lions Clubs. The Council is made up of five members appointed for four-year terms by the Governor. This policy board in turn appoints an executive director who is responsible for the administration of the programs of services to the blind and severely visually handicapped. At the present time, the agency administers programs of vocational rehabilitation services, a business enterprises program (as provided by the Randolph-Sheppard Act), and medical and social services. This latter program includes medical eye treatment, counseling, services to children who are blind or severely visually handicapped, and a home teaching program. The agency also operates a comprehensive residential rehabilitation center for the blind. Under an agreement with the Division for the Blind and Physically Handicapped, Library of Congress, it is also responsible for the maintenance of a talking book library which distributes both talking book machines and recorded books. The State offices for this agency are located in the capitol, Tallahassee, with eight district offices situated in population centers throughout the State.

In 1967 the agency provided services to 15,225 blind and severely visually handicapped individuals. Its 1969 budget of \$2,346,403 provides for 161 full-time employees.

Georgia

Services to the blind in Georgia received their primary State support following the adoption of the Federal Vocational Rehabilitation Amendments of 1943. As part of

implementing the expanded vocational rehabilitation program, the State division of vocational rehabilitation employed placement specialists to work with the general vocational rehabilitation counselors in the provision of special services to blind applicants. During the same time, the division was also designated as the State licensing agency for the administration of the Randolph-Sheppard vending stand program. In the 1940's, organizational changes within the general agency brought about the establishment of a unit through which services for the blind were centralized. Counselors specifically employed to carry caseloads of blind and visually handicapped clients were assigned to the different districts throughout the State along with day-to-day management supervisors for the business enterprises program. More recently, a home teaching program has been initiated with the employment of personnel for these services.

In 1967 the unit for services to the blind was placed in the Division of Special Services. In January of 1969 a new organizational change has removed the line authority for personnel providing field services to the blind making these individuals responsible directly to the district supervisors. At the same time, a unit for business enterprises for the severely disabled was created including the Randolph-Sheppard vending stand operation. At the present time, the Division of Vocational Rehabilitation provides the following services to the blind and visually handicapped: vocational rehabilitation, home teaching, and business enterprises programs. The division also has responsibility for administering the Academy for the Blind which is the State's residential school for blind children.

Three State-operated sheltered workshops for the blind are administered by the Welfare Department and work closely with the Division of Vocational Rehabilitation through an agreement. In 1967 more than 1,700 blind and visually handicapped persons received services from the Division of Vocational Rehabilitation. In 1969 a budget of \$1,219,618 provides for 59 full-time positions designated for the provision of services to adult blind and visually handicapped.

Guam

In 1958, the Division of Vocational Rehabilitation was established as a part of the territorial Government on the island of Guam. Prior to this time, extremely limited services were provided to the disabled in general and were virtually non-existent for blind persons. At the present time, services to the adult blind and visually handicapped are provided through the general agency. Because of the small numbers involved, no staff or special unit have been established for these services.

The Division uses rehabilitation centers on the mainland or in Hawaii when these services are indicated. Other blind and visually handicapped clients are served in a work evaluation and sheltered workshop activity which has recently been established on the island. In 1967, two of the agency's 37 rehabilitants were blind. In 1968, 35 of the 466 active cases were visually impaired. Based on this figure (7.5 percent of the active cases listed as blind and visually handicapped), the estimated budget for this disabled group in 1969 is \$31,350. No personnel are specifically assigned for services to the blind and visually handicapped.

Hawaii

Services for the Blind in Hawaii has undergone two major organizational changes during the past seven years. In 1960 these services were made a part of the Welfare Department. Although the agency seemed to retain its identity, supervisory control was so dispersed that provision of a cohesive continuum of services was difficult. Under a major

reorganizational plan which was put into effect July 1, 1967, the Division of Vocational Rehabilitation and Services for the Blind was placed under the Department of Social Services. The Services for the Blind branch became one of three branches under the jurisdiction of the Vocational Rehabilitation Services. This Division administers Ho'Opono Center for the Blind which is a comprehensive vocational rehabilitation facility; a sheltered workshop; a home industries program; home teaching services for the adult blind; a business enterprises program (as provided by the Randolph-Sheppard Vending Stand Act); a program for the prevention of blindness; and vocational rehabilitation services.

In 1967 the agency served more than 619 blind and visually handicapped individuals. The 1969 budget of \$495,405 provides for 27 full-time positions.

Idaho

In 1952 the State legislature created the Division of Services to the Blind within the Department of Public Welfare. This Division provided vocational rehabilitation services, along with a limited home teaching program, including the distribution of talking book machines.

In 1967 State Services for the Blind was transferred to the newly-created, three-member Commission which the legislature of that year had authorized to develop a broad comprehensive program of services throughout the State.

In fiscal year 1968, 250 blind persons were provided at least one service through this agency. Its 1969 budget is estimated at \$165,000. This budget includes 13 positions in the agency.

Illinois

In 1910 home teaching services for the adult blind were initiated by a private women's club in Chicago. A year later the Illinois legislature appropriated funds for this program to be provided on a Statewide basis. Eventually these services became a part of the State Welfare Department and were gradually strengthened in the ensuing years. In 1936 they were joined as a division with the Industrial Home for the Blind for administrative purposes. In 1951 the Industrial Home for the Blind was converted to the Illinois Visually Handicapped Institute (a comprehensive rehabilitation center for the blind) and its superintendent directed both the Institute and the Division of Services to the Adult Blind.

In 1943, following the passage of Federal Public Law 113, the Illinois Division of Vocational Rehabilitation established an identifiable unit providing vocational rehabilitation services to the blind. This unit with its special staff became a reality in 1946. The Division of Vocational Rehabilitation continues to be responsible for the provision of vocational rehabilitation services to the blind and visually handicapped and is the designated licensing agency for the Randolph-Sheppard vending stand program which it administers through a nominee organization — Business Opportunities for the Blind.

In 1963 home teaching services were divided from the Illinois Visually Handicapped Institute, thus creating two separate units within the Department of Mental Hygiene. Recently, organizational changes have placed these units as branches within the Division of Rehabilitation Services in the Department of Children and Family Services. Community Services for the Visually Handicapped administers adjustment (home

teaching services) for the adult blind throughout the State. It is also responsible for the distribution of talking book machines. The Illinois Visually Handicapped Institute administers a comprehensive 40-bed rehabilitation center for the blind. As a part of the reorganization in 1963, a coordinating committee was established and a coordinator position was created in the State capitol for the purpose of evolving working agreements between the agencies and departments responsible for providing services to both blind children and adults.

The three primary agencies providing services to the adult blind as summarized served more than 4,700 blind persons in 1967. Their combined budget of over 1½ million dollars in 1969 provides for at least 141 full-time positions.

Indiana

Services for the adult blind were initiated in Indiana in 1915 as a program of home teaching and the operation of a sheltered workshop. The agency was known as the Board of Industrial Aid for the Blind. These services were not significantly changed, with the exception of the addition of the responsibility for distribution of talking book machines, until 1945 when vocational rehabilitation services were assigned to the agency.

At the present time the Indiana Agency for the Blind is located under the Board of Health with the Commissioner of Health acting as Executive Officer. Under the Commissioner there are a number of bureaus such as Water Pollution, Public Health, and the Bureau of Special Instructions. The Agency for the Blind is one of seven agencies and institutions in the Bureau of Special Institutions. The Director of the Agency for the Blind reports primarily to the Director of the Bureau of Special Institutions, who reports to the Commissioner of Health, who is directly responsible to the Governor.

The agency is divided into two major units: one for vocational rehabilitation and home teaching and the other for industry. The unit for vocational rehabilitation and home teaching also includes the vending stand program. The second major unit encompasses a home industry program, sewing room, broom shop, and subcontract work program.

In 1967 services were provided to 5,939 blind persons. The 1969 budget of \$638,965 includes provision for 42 full-time positions.

Iowa

The Iowa Commission for the Blind was established by the State legislature in 1925 for the primary purpose of providing home teaching services to the adult blind and administering a home industries program. These functions, along with the distribution of talking book machines were strengthened with the addition of vocational rehabilitation services for the blind after the passage of the 1943 Amendments. The agency's services to the blind was further strengthened with the establishment of a rehabilitation center in Des Moines in 1958. At the present time, the Commission is made up of three members appointed by the Governor. The director is directly responsible to the Commission. The agency provides the following services: vocational rehabilitation, home teaching, home industries program, and special tools, devices and aids services. The agency is also responsible for the business enterprise program as provided by the Federal Randolph-Sheppard Act. It administers a library for the blind, distributing braille and talking books to blind and physically handicapped individuals throughout the State. It maintains a residential, orientation and rehabilitation center where its headquarters offices are located.

In 1967, the Iowa Commission served more than 3,200 blind persons. Its 1969 budget of \$1,100,000 provides for 73 full-time positions.

Kansas

In 1937 the Kansas Legislature established a program of services to the blind as a separate division in the Department of Social Welfare. The enabling legislation specified three primary areas of responsibility: prevention of blindness, restoration of eyesight, and rehabilitation of blind persons. With the expanded State-Federal vocational rehabilitation program in 1943, the Division assumed responsibility for vocational rehabilitation services including the business enterprises program as provided by the Randolph-Sheppard Act.

During the ensuing years, the program has been strengthened with the assumption of responsibility for the administration of sheltered workshops for the blind and a comprehensive vocational rehabilitation facility in Topeka. At the present time, the agency provides the following major services to the adult blind: vocational rehabilitation, sheltered workshop program, rehabilitation center for the blind, home teaching, services to pre-school blind children, distribution of talking book machines and the maintenance of a library for the blind, special aids and appliances, and is the designated licensing agency for the administration of the Randolph-Sheppard vending stand program. The agency also carries out a prevention of blindness and sight restoration program for visually handicapped individuals in the State.

In 1967 the Division of Services to the Blind served more than 4,000 blind and visually handicapped individuals. The 1969 budget of \$1,726,152 provides for 76 staff positions.

Kentucky

The modern program of work for the adult blind in the State received its impetus with the establishment of vending stands under the supervision of the Kentucky School for the Blind. The first stands were established in the early 30's. In 1942 the first placement specialist for the blind was added to the staff of the Division of Rehabilitation Services. In 1943 a supervisor of services for the blind was appointed. In 1948 the vending stand program became a part of the rehabilitation agency. In 1956 services for the blind was elevated to the rank of a division within the newly established Bureau of Rehabilitation Services. In 1960 a staff of three home teachers with stenographer-drivers was added.

Currently, the Division for the Blind includes home teaching, special vocational rehabilitation services, a rehabilitation facility at the Kentucky School for the Blind, and the Kentucky Business Enterprises Program. Kentucky Industries for the Blind, which administers a sheltered workshop program, is a separate unit within the Bureau of Vocational Rehabilitation.

In 1967 the Bureau of Vocational Rehabilitation served more than 400 blind persons. The combined 1969 budget for both the Division of Services for the Blind and Industries for the Blind of \$726,656 provides for a total staff of 30. This budget does not include the more than \$900,000 building fund which is allocated for the construction of a new sheltered workshop and rehabilitation center.

Louisiana

The 1928 General Session of the State legislature adopted legislation creating the State Board for the Blind. The primary purpose of this agency was the provision of home

teaching and other adjustment services to the adult blind. In 1940 the responsibilities of the State Board were transferred to the Welfare Department. In 1942 the State statute governing services for the blind was reinforced and is currently the legal base for the Division for the Blind. This Division is one of four major divisions in the State Welfare Department. Its Director is immediately responsible to the Commissioner.

At the present time, the State agency provides the following major services: maintains a current register of the blind; adjustment or home teaching services; liaison services for blind children and their parents; a vocational rehabilitation program for the blind (including vending stands and other small business and agricultural enterprises); a home industries program; a special visual aid service; and a medical determination unit for Social Security Disability Insurance benefits. The agency is also responsible for the distribution of talking book machines under an agreement with the Division for the Blind and Physically Handicapped, Library of Congress.

In 1967 the Division of Services for the Blind provided services to more than 8,100 blind and visually handicapped individuals. This figure includes more than 6,000 visually handicapped persons receiving eye glasses as a part of an eye treatment program. The agency's 1969 budget of \$1,257,917 provides for 37 full-time staff members.

Maine

Prior to the establishment of the Division of Services to the Blind in 1942, there was no formal State agency providing services to the adult blind. Educational services for blind children were determined by the Governor and his council on an individual basis.

The first services provided to the adult blind were in the home teaching field and it was not until 1947 that vocational rehabilitation services were added to the agency's responsibilities. The transfer of these services to the agency serving the blind included responsibility for the vending stand program as provided by the Federal Randolph-Sheppard Act.

In 1963 the agency's name was changed from the Division of Services to the Blind to the Division of Eye Care and Special Services. At the present time the agency provides the following services: vocational rehabilitation (including the Randolph-Sheppard vending stand program), home teaching, eye treatment and prevention of blindness, and educational services for blind and visually handicapped children. It should be noted that the agency serves both the blind and severely visually disabled.

In 1967 services were provided to more than 4,700 blind and visually handicapped individuals. The 1969 budget of \$675,000 provides for 25 full-time employees.

Maryland

The Division of Vocational Rehabilitation was established in 1929 for the purpose of providing vocational rehabilitation services to disabled adults including the blind and visually handicapped. At the time of the creation of this agency, home teaching services for the blind were provided through a private agency with a small amount of State financial participation.

Following the 1943 National Vocational Rehabilitation Amendments, specialists were employed in the agency to assist vocational rehabilitation counselors in working with blind applicants. At the same time the State agency became the designated licensing

authority for the Randolph-Sheppard vending stand program. However, day-to-day management responsibilities were assigned to a private, non-profit organization.

At the present time, the unit on services to the blind is located in the headquarters office of the Division of Vocational Rehabilitation which, in turn, is part of the State Department of Education. Besides the staff in the headquarters office working with blind persons, personnel have been given specially assigned responsibility for caseloads of blind and visually handicapped clients in some of the district offices.

The Division of Vocational Rehabilitation works closely with the Division of Library Extension in the same department with respect to the distribution of talking books and talking book machines. It also provides consultative assistance to the Division of Instruction which is responsible for the education of blind and visually handicapped children.

At the present time, the State agency provides the following services to blind and visually handicapped adults: vocational rehabilitation home teaching, and the business enterprises program as provided by the Federal Randolph-Sheppard Act.

In 1967 the agency provided services to more than 316 blind individuals. Since there is no specific budget for case service expenditures, the amount allocated for services to the blind and visually handicapped in 1969 is an estimate based on 1968 expenditures. This approximate budget of \$500,000 includes provision for 21 full-time positions working directly with the unit on services to the blind.

Massachusetts

Services for the adult blind were initiated in 1906 with the establishment of a Commission for the Blind. This enabling legislation has served as a pattern for a large number of State commissions for the blind which have been developed during the two decades following its enactment. The program which it envisioned emphasized statutory approval of these services aimed at assisting blind persons in becoming independent.

Later, this commission was reconstituted through the Division of Services for the Blind. After the passage of the 1943 Federal Vocational Rehabilitation Amendments, this agency became responsible for both vocational rehabilitation services to the blind and the vending stand program as provided by the Randolph-Sheppard Vending Stand Act. These services combined with home teaching, the administration of sheltered workshops, a prevention of blindness and eye treatment program, services to blind and visually handicapped children, and the financial aid-to-the-blind program, make up the major areas of activities carried out by this agency.

The Commission also has the responsibility for a home industries program and by agreement with the Division for the Blind and Physically Handicapped, Library of Congress, distributes talking book machines to the blind and physically handicapped.

In 1967 more than 7,234 blind and visually handicapped individuals were served by the Commission. Its total budget of \$9,797,496 provides for 190 full-time employees. This budget includes financial aid payments to blind persons.

Michigan

The Michigan Office of Services for the Blind was created in 1944 as a division in the Welfare Department. This situation continued until the adoption of the new constitution

wherein a comprehensive State reorganization plan placed this agency under the umbrella of the Social Services Department. At that time it became a section within the Division of Program Services.

In 1968 services to the blind were again given divisional status as an organizational unit. The agency's primary purpose is to provide vocational rehabilitation services to the blind. In conjunction with this program, it has been assigned the responsibility for administering the old industrial home for the blind and sheltered workshop in Saginaw. This facility is scheduled by law to be closed no later than December 1971. It should be pointed out that this is the last State-operated industrial home and with its closing will end an era. The same law which makes provision for the closing out of the facility in Saginaw provides for the construction of a comprehensive rehabilitation center for the blind which is now scheduled for opening in late 1969.

Besides these services, the Division of Services to the Blind also administers a home teaching program and is responsible for the business enterprise program as provided by the Randolph-Sheppard Act.

In 1967 the agency provided services to more than 1,200 blind persons. The 1969 budget of \$888,106 includes 57 full-time positions. This budget does not include the \$1,400,000 for capital outlay in the construction of the new rehabilitation center.

Minnesota

Minnesota Services for the Blind was formally founded by an act of the State legislature in 1923. The creation of the enabling legislation came as a result of a study by an interim commission established in 1921. The agency was primarily established for the purpose of providing home teaching services for the adult blind. In the mid 1940's, these services were strengthened with the assignment of the vocational rehabilitation program, including the vending stand program as provided by the Randolph-Sheppard Act.

The unit on services to the blind is located in the Division of Rehabilitative Services in the Department of Public Welfare. At the present time, it is directly responsible for vocational rehabilitation, adjustment or home teaching services, the State's Randolph-Sheppard vending stand program, prevention of blindness and eye treatment services, a program for pre-school and school aged blind and visually handicapped children, and has assigned supervisory responsibilities with regard to the financial aid-to-the-blind program. The agency also maintains a braille and tape transcribing program for school aged children and adults. It maintains an optical aids center in the State university medical facility and has just recently begun to operate a sub-carrier radio station aimed at providing a special program and information for the blind and visually handicapped throughout the State.

In 1967 the agency served more than 3,504 blind and visually handicapped individuals. The 1969 budget of \$1,250,000 provides for 55 full-time employees. This budget does not include expenditures for aid-to-the-blind recipients.

Mississippi

The 1928 State legislature created the Mississippi Commission for the Blind for the purpose of providing services to both adults and children. This agency carried out a program of services for a decade when in 1938 it was statutorily abolished, and the Division of Services to the Blind within the State Department of Welfare was created. The comprehensive program of services was strengthened after the 1943 National Vocational

Rehabilitation Amendments when responsibility was assigned to the division for both vocational rehabilitation services and the vending stand program.

During the ensuing years, direct children's services have been assigned to the Department of Education and the program of financial aid to the blind is the prime responsibility of other organizational units within the Department. At the present time, the Division of Services to the Blind provides the following services: vocational rehabilitation, business enterprises program as provided by the Randolph-Sheppard Act, and prevention of blindness and eye treatment. The agency is also responsible for the distribution of talking book machines under an agreement with the Division for the Blind and Physically Handicapped, Library of Congress. There is also an agreement and close working relationship with Mississippi Industries for the Blind, a separate unit within the Department of Welfare administering a sheltered workshop program. Mississippi Industries for the Blind was created by an act of the State legislature in 1943.

In 1967 the Division of Services to the Blind provided services to more than 500 blind and visually handicapped individuals. Their 1969 budget of \$1,358,400 provides for 68 full-time employees.

Missouri

Services to the blind in Missouri were initiated by the 1915 legislature when it established a commission to work closely with the board for eleemosynary institutions. These services were strengthened in the 1930's with the establishment of a home teaching program. In 1945 as a result of a new State constitution, the Bureau for the Blind was created and made part of the State Division of Welfare. This agency currently provides the following services: vocational rehabilitation, home teaching, prevention of blindness, children's services, and has responsibility for the business enterprises program as provided by the Federal Randolph-Sheppard Act. The agency uses a non-profit nominee organization to provide accounting services for the business enterprises program. Its central offices are located in Jefferson City with district offices placed in the large population centers of the State. In 1967 the agency provided services to more than 1,600 blind and visually handicapped individuals. The 1969 budget of \$1,179,000 provides for 74 full-time positions.

Montana

The blind program in Montana began in 1939 when the State legislature created the State Commission for the Blind with headquarters at the School for the Deaf and Blind in Great Falls. The Commission, when first established, was not funded; however, two years later sufficient funds were authorized, allowing only one person on the staff to cover the entire State.

In 1943 the State Legislature abolished the Commission for the Blind and transferred all of its responsibility to the State Department of Public Welfare. This included responsibility for distribution of the Talking Book machines and provided other general services for the blind. In 1945 when funds became available for rehabilitation of the blind in Montana, the Department of Public Welfare automatically had the responsibility for providing such services. The Services for the Blind program was, therefore, established within the State Welfare Department as a part of the Division of Public Assistance. This unit continued to be a subsidiary of that Division until April 1, 1966. On that date the State Board of Public Welfare created a Division of Blind Services which has equal status with all other divisions in the agency.

The Division of Blind Services is responsible for providing vocational rehabilitation and other services to the blind and visually handicapped. At the present time the agency does not employ any home teaching staff. As a part of their vocational rehabilitation program, the agency is the designated licensing authority for the vending stand program as provided by the Federal Randolph-Sheppard Act. On January 1, 1968, the talking book program was transferred from the Division of Blind Services to the Montana State Library when that agency became a regional library for the blind and physically handicapped. Also on January 1, 1968, the Division of Blind Services assumed the responsibility to provide rehabilitation services to the visually handicapped in the State, as well as to the blind.

In 1967 the agency served more than 800 blind and visually handicapped individuals. Its 1969 budget of \$170,000 provides for 11 full-time positions.

Nebraska

Services to the adult blind and visually handicapped were initiated in Nebraska by the 1943 legislature as a unit within the State Department of Public Institutions. Prior to that time limited services to the adult blind, primarily in the area of home teaching, had been provided under an enabling act of 1915 and were closely tied to welfare services. The name of the agency was changed in 1961 to Department of Services for the Visually Impaired but continued to be a part of the State Department of Public Institutions.

At the present time, the Nebraska program provides services to the blind and visually handicapped in the following areas: vocational rehabilitation, business enterprise program as provided by the Randolph-Sheppard Act, home teaching, and the distribution of talking book machines. The agency also cooperates with other organizations in the prevention of blindness and sight restoration.

In 1967 services were provided to more than 1,200 blind and visually handicapped older children and adults throughout the State. The 1969 total budget for the agency was \$497,954 which provides for 24 full-time positions.

Nevada

The Nevada Bureau of Services to the Blind was initiated by the passage of its enabling act of 1957. The Bureau became one of the units within the Department of Public Welfare.

In 1965 new legislation created the Division of Services to the Blind in the larger Department of Health, Welfare, and Rehabilitation. The Chief reports directly to the Director of the Department in the same manner as does the head of Welfare and the Division of Vocational Rehabilitation.

In fiscal year 1967, 450 blind and visually handicapped individuals received at least one service through this agency. The fiscal year 1969 budget indicates a total of \$237,000. It provides for 14 full-time positions, working within the agency.

New Hampshire

Services for the adult blind in New Hampshire were initiated in 1913 with the employment of an agent for the blind within the Department of Public Welfare. The primary responsibility of this staff was to provide training enabling individuals to carry on home industries. In 1938 the unit on services to the blind was expanded to include

business enterprises as provided by the Federal Randolph-Sheppard Act. In 1945 services were further strengthened with the responsibility for a vocational rehabilitation program for the blind as a result of the Amendments of 1943 to the National Vocational Rehabilitation Act.

In 1967 the Bureau of Services to the Blind was created within the Division of Welfare which is a part of the Department of Health and Welfare. At the present time the Bureau provides the following services: vocational rehabilitation, home teaching, vending stand program, home industries program, and educational services for blind children. It also administers a sheltered workshop for the blind.

In 1967 more than 800 blind and visually handicapped individuals received services through the agency. Its 1969 budget of \$237,119 provides for 16 full-time employees.

New Jersey

In 1908 the New Jersey legislature created the Commission for the Blind which became operative in 1909, as a separate commission. Prior to 1940, the Commission was primarily concerned with educational services to blind children and home teaching services for the adult blind population in the State. Following the passage of the Barden-LaFollette Act in 1943, the agency's programs were strengthened with the responsibility for the vocational rehabilitation program for the blind and the business enterprises program as provided by the Randolph-Sheppard Act. At the same time, other services were either expanded or added.

At the present time, the New Jersey Commission operates as a unit of the Division of Public Welfare within the Department of Institutions and Agencies. The Department is one of the major governmental units in New Jersey and has within it approximately 15,000 employees. The Commission, while responsible to the division head and departmental commissioner, is semi-independent and has its own operational board. The Commission Board of Managers is responsible to the departmental State Board of Control. While following closely divisional and departmental requirements, arrangements have been made for the Director of the Commission to report directly to the Commissioner, Department of Institutions and Agencies, in matters affecting vocational rehabilitation. In all other activities the Director of the Commission reports to the divisional head.

The Commission provides services in the following major areas: eye health services, educational services for blind and visually handicapped children, vocational rehabilitation, home teaching, home industries services, and the responsibility for the Randolph-Sheppard vending stand program. The agency also administers a rehabilitation center for the blind for three sheltered workshops. Under agreement with the Division for the Blind and Physically Handicapped, Library of Congress, it is responsible for the distribution of talking book machines.

In 1967 the Commission provided services to more than 6,500 blind and visually handicapped individuals. Its 1969 budget of \$2,634,813 provides 197 full-time positions.

New Mexico

A program of services for the blind was created in New Mexico by the Public Welfare Act of 1937. This legislation established a section on services to the blind within the Welfare Department. Following the passage of the National Vocational Rehabilitation

Amendments of 1943, this unit was further strengthened with the responsibilities of the vocational rehabilitation program for the blind and visually handicapped in the State. Along with this program the agency also became the designated licensing authority for the vending stand program as administered under the Federal Randolph-Sheppard Act. At the present time, the Division of Services to the Blind provides the following services: vocational rehabilitation, home teaching, the business enterprises program, the distribution of talking book machines, and eye treatment and sight restoration services.

In 1967 the agency served more than 500 blind and visually handicapped individuals. Its budget of \$258,308 for 1969 provides for 16 full-time positions.

New York

In 1903 a three-member commission was established to study the needs of the blind. In 1906 a second study group was approved by the State legislature for the purpose of making a census of the blind in the State and recommendations for future action. As a result of these studies the New York Commission for the Blind was created in 1913. Five members made up the original commission.

Mandated activities of the Commission for the Blind under the 1913 Commission Act included: maintenance of a register of the blind in New York State; maintenance of a bureau of information and industrial aid (the object of which was helping blind persons in finding employment and teaching them trades and occupations which they would be able to follow in their homes); disposing of the products of home industry; inquiry into the causes of blindness; inauguration and cooperation in preventive measures; and investigation of the needs of blind persons.

Permissive activities of the Commission for the Blind included: establishment of training schools and workshops for the employment of blind persons; payment of training and maintenance fees; and amelioration of the condition of blind persons by the promotion of visits among them and teaching them in their homes.

During the ensuing years, the State agency serving the blind underwent a number of reorganizations and changes in name. For example, in 1928 it was made a Bureau of Services to the Blind and placed in the newly-named Department of Social Welfare.

In 1945 legislation was adopted again creating the agency as a commission within the Department of Social Welfare. Since that time the agency has retained this organizational structure and is now made up of three primary units: The Professional and Technical Services section includes a program of eye health, services for blind children, and community services. The Business Services section includes programs related to vending stands, production and marketing, office management, and accounting. The Vocational Rehabilitation Services constitutes the third major section. It should be noted that the Commission is also responsible for the vending stand program as provided by the Federal Randolph-Sheppard Act.

In 1967 more than 11,184 individuals received services through the commission. Its 1969 budget of \$5,994,781 provides for 183 full-time positions.

North Carolina

The North Carolina Commission for the Blind was created by an act of the legislature in 1935. The Commission now comprises three major divisions administering a comprehensive program of services to the blind and severely visually disabled.

The Social Services Division is responsible for administering the financial aid-to-the-blind program under an approved plan with the Federal Social and Rehabilitation Service. In conjunction with the financial assistance program, this division also provides adjustment services for the blind person and his family and liaison services to blind children.

A second division provides medical services such as eye treatment and prevention of blindness.

A third division is responsible for rehabilitation services including the State-Federal vocational rehabilitation program, the business enterprises program as provided by the Randolph-Sheppard Act, a comprehensive rehabilitation center, home industries, and a cooperative program with sheltered workshops for the blind.

Under a special agreement with the Division for the Blind and Physically Handicapped, the Commission also distributes talking book machines to the blind and severely physically disabled. The central offices are located in the state capitol of Raleigh with seven district offices situated in the population centers of the State.

In 1967 the agency served more than 14,000 blind and severely visually handicapped individuals. Its 1969 budget of \$9,500,000 provides for 216 full-time employees. It should be noted that the 1969 budget includes financial payments for aid-to-the-blind recipients as well as the administration of that program.

North Dakota

At the present time the Division of Vocational Rehabilitation is providing the following services for the blind and visually handicapped: vocational rehabilitation, home teaching for the adult blind, responsibility for the vending stand program as provided by the Federal Randolph-Sheppard Act. It also assists in the distribution of talking book machines. The agency continues to maintain an evaluation unit as a part of its rehabilitation center program at the State university.

In 1967 the agency provided services to more than 400 blind and visually handicapped individuals. In 1969 six employees of the Division were directly involved in services to the blind and visually handicapped. The estimated budget for Services to the Blind in this fiscal year is slightly in excess of \$100,000.

Ohio

In 1908 the Ohio State legislation created the Commission for the Blind for the purpose of providing home teaching and other services to blind persons throughout the State. A part of these services was the establishment of a home industries program.

In 1920 the Commission's functions were reassigned to the State Department of Welfare. Again in the early 1940's, services to the blind underwent another change with the addition of the responsibility for the vocational rehabilitation program as provided by the Vocational Rehabilitation Amendments of 1943. Along with this program, the State program of services to the blind was also designated as the licensing authority for the vending stand program as provided by the Federal Randolph-Sheppard Act. This organizational structure continued until 1959 when the Governor reorganized the State Welfare Department. As a result of this order, the department was divided into four divisions, one of which was the Bureau of Services to the Blind.

At the present time, the Ohio agency contains five distinct programs of services to the blind. It is headed by a chief who is directly responsible to the Director of Public Welfare. These programs are: children's services, medical services, sales and production, talking book service, and vocational rehabilitation. The children's service section provides field staff and liaison work with the Department of Education. Medical services include a staff of trained nurses to work through the district offices in the prevention of blindness and eye treatment programs.

Currently, sales and production services are concerned with the home industries program, including the centralized sales outlet at the headquarters office in Columbus. The talking book machine program involves the distribution of Talking Book machines under an agreement between the Bureau and the Division for the Blind and Physically Handicapped, Library of Congress. Vocational rehabilitation services involves the greatest portion of the staff which includes the vending stand program as provided by the Federal Randolph-Sheppard Act.

In 1967, the Ohio agency served more than 9,000 blind persons. Its 1969 budget of \$1,600,000 provides for 115 full-time employees.

Oklahoma

The Oklahoma Commission for the Blind was organized in 1923 primarily for the purpose of providing adjustment or rehabilitation teaching services to blind adults throughout the State. After the passage of the Federal Randolph-Sheppard Vending Stand Act in 1936, the Commission became the designated licensing agency for the vending stand program.

In 1947, the functions of the Commission were transferred to the Board of Education and were assigned to the Division of Vocational Rehabilitation where the section on services to the blind was organized. This organizational structure continued until the 1968 legislation transferred the Division of Vocational Rehabilitation to the State Welfare Commission and at the same time created the Division of Visual Services. The Director of the Division of Visual Services is now at the same executive level as the Director of the Division of Rehabilitative Services. Both report to the assistant administrator responsible for the State's vocational rehabilitation program.

In 1967 services to the blind and visually handicapped were provided to more than 1,600 individuals. The agency's 1969 budget of \$1,060,300 provides for more than 50 full-time employees.

Oregon

The legislative action creating and directing the Oregon Commission for the Blind and Prevention of Blindness was signed into law on March 6, 1937. The law charged the Commission with the duty of promoting the welfare of blind persons, persons with seriously impaired vision and persons suffering from conditions which might lead to blindness. It also established the Commission as an administrative body and it continues to function as such a body at the present time. With the passage of the Barden LaFollette Act by the 78th Congress in 1943, the Commission began drafting its plan for participation in this Federal-State partnership vocational rehabilitation program and by the middle of August 1944, its State plan for vocational rehabilitation of the blind had been approved by the Federal office of Vocational Rehabilitation (now Rehabilitation Services Administration).

In 1947, State legislature appointed an interim committee to study services for the blind. This committee made its report in 1949 recommending that the trade school for the blind including residential facilities be abolished. In 1951 the old trade school was finally abandoned. In 1957 the Commission was again changed to a five-member board. Two years later, the State agency serving the blind occupied its new space where it is now located. At the present time, the Department of Services for the Blind administered by a commission has an administrator and a small staff providing services in essentially five areas. These are: vocational rehabilitation, home teaching, business enterprises, sheltered workshop employment, and prevention of blindness.

In 1967 the agency served more than 1,100 blind and severely visually disabled individuals. Its 1969 budget of \$480,000 provides for 40 employees. This budget does not include the \$650,000 cost of operating the sheltered workshop which involves a revolving fund.

Pennsylvania

Services to the adult blind were initiated in Pennsylvania as a result of a commission established by the 1923 legislature to study the problems of the blind. Out of this study the Pennsylvania Council for the Blind was established in 1925 within the Department of Welfare. Its primary purpose was to provide teaching services to blind persons in their homes and to initiate a program for the prevention of blindness.

In 1943 the Council was strengthened with the appropriation of additional funds for home teaching personnel, and in 1945 the agency was given the responsibility for the vocational rehabilitation program, including the vending stand program as provided by the Randolph-Sheppard Act. During the ensuing years a number of reorganizations within the State government resulted in the creation of the Pennsylvania Office for the Blind which was an organizational unit within the Department of Health and Welfare. In 1968 State reorganizational efforts resulted in the agency's designation as the Bureau for the Visually and Physically Handicapped within the Office of Family Services.

The Bureau has its central office in the State capitol of Harrisburg with six district offices located in population centers throughout the State. Its major areas of services are: vocational rehabilitation, business enterprises program, home teaching services, social services, prevention of blindness, and eye treatment. It is also responsible for the distribution of talking book machines. In conjunction with the Pennsylvania Association for the Blind, a statewide private organization, the Bureau gives financial support to mobile eye clinics as a part of its eye treatment program.

In 1967 more than 23,657 blind and visually handicapped persons received services through the agency. Its 1969 budget of \$3,412,975 provides for 188 full-time employees.

Puerto Rico

Services for the adult blind in Puerto Rico began in the late 1940's with the development of a special unit within the Division of Vocational Rehabilitation. This unit has been assigned the responsibility for the administration of the Puerto Rico Industries for the Blind, a sheltered workshop program, and an adjustment center. The Supervisor of Services for the Blind also has administrative responsibility for the vending stand program as provided by the Federal Randolph-Sheppard Act.

One counselor devotes full time to the provision of vocational rehabilitation services for the blind. The counselors generally responsible for all types of disabled individuals

also provide vocational rehabilitation services to blind and visually handicapped applicants with special assistance provided by the unit on Services to the Blind.

Following the establishment of the vocational rehabilitation program of services to the blind, a home teaching program has developed as a part of the Bureau for the Handicapped in the Department of Welfare. This staff is responsible for the provision of adjustment services to aid-to-the-blind recipients and other blind individuals on the island.

In 1967 the Division of Vocational Rehabilitation served more than 125 blind individuals. The 1969 total budget for the agency includes at least \$100,000 for special services to blind persons. At the present time, at least 21 individuals are employed full time with the agency for the purpose of providing services to blind persons. The number of individuals served does not include those receiving help from the Department of Public Welfare or the severely visually disabled. The number of employees and budget estimates, likewise, do not reflect services to these groups of individuals.

Rhode Island

In 1930 the Rhode Island State legislature created the Bureau for the Blind as a unit within the Department of Welfare. The primary function of this unit at that time was the provision of home teaching services. Following the passage of the Barden LaFollette Act, the Bureau was given the responsibility for the State Federal vocational rehabilitation program including the administration of the vending stand program as provided by the Randolph-Sheppard Act. In the early 1960's, the Bureau was designated as a division within the Department of Welfare.

At the present time, it provides services to the blind and visually handicapped in the State in the following major areas: vocational rehabilitation, the vending stand or business enterprises program, home industries, home teaching, liaison services to blind and visually handicapped children and eye treatment services. The agency is also responsible for the distribution of talking book machines under an agreement with the Division for the Blind and Physically Handicapped, Library of Congress.

In 1967 more than 1,000 blind and visually handicapped individuals received services from the agency. Its 1969 budget of \$425,813 provides for 37 positions.

South Carolina

The Division for the Blind in South Carolina became a reality in 1938 following the passage of its enabling act of 1937. The division was located in the Department of Welfare and was primarily concerned with the program of home teaching and home industries. It was also responsible for an eye treatment program. As a result of a comprehensive study of services to the blind in the State, the 1966 legislature passed a law creating the State Commission for the Blind, transferring to it the services provided by the Division for the Blind. This new agency under a five-member commission became operative in January of 1967.

At the present time it has eight district offices with the central office located in Columbia, the State capitol. The commission is organized in four departments: the prevention of blindness and sight restoration; vocational rehabilitation services, including the administration of an adjustment center in Columbia; business enterprises; home industry, including the vending stand program as provided by the Randolph-Sheppard Act; and educational services to blind and visually handicapped children. The agency

administers a State library for the blind and is responsible for the distribution of talking book machines.

In 1967 more than 5,346 blind and visually handicapped individuals received services. The agency's 1969 budget of approximately \$1,500,000 provides for 76 full-time employees.

South Dakota

The Division of Services to the Blind and Visually Handicapped was created by an act of the State legislature in 1943 and funded with an appropriation in 1947. Previous to the organization of this agency, services to the adult blind had been provided by the general agency providing vocational rehabilitation services. When the Division was established it became responsible for the State-Federal vocational rehabilitation program for the blind and the vending stand program as provided by the Randolph-Sheppard Act. The agency, under an agreement with the Division for the Blind and Physically Handicapped, Library of Congress, is also responsible for the distribution of talking book machines. At the present time the Division is a part of the State executive office with the director appointed by the Governor for a four-year term. There is an advisory committee appointed by the Governor which gives consultative assistance with regard to the formulation of policy. At the present time the agency provides services in the following major areas: vocational rehabilitation including the vending stand program, rehabilitation teaching services, and administers an evaluation and training center and small workshop in Sioux Falls. The agency's administration offices are located in Pierre with district offices placed in population centers throughout the State.

In 1967 the agency served more than 900 blind and visually handicapped individuals. Its 1969 budget of \$390,000 provides for 26 full-time employees.

Tennessee

In 1917 the Tennessee legislature provided funds for the establishment of a sheltered workshop for the blind in Nashville. In 1919 it created a five-member commission for the blind for the purpose of overseeing the workshop as well as developing other employment opportunities. In 1929 the Commission extended its services to the adult blind with the employment of two home teachers to work throughout the State. Due to a lack of funds this phase of services to the blind was abolished in 1933. Following a comprehensive study of rehabilitation services to the blind, the 1943 legislature established the Division of Services to the Blind in the State Welfare Department. Authority for the administration of the sheltered workshop program, home teaching services, and sight restoration was combined with the responsibility for the State-Federal vocational rehabilitation program. A few years later, the division became the licensing agency for the business enterprises program as provided by the Randolph-Sheppard Act. At the present time the agency provides the following major services to the adult blind in the State: home teaching, vocational rehabilitation, business enterprises program, administers two sheltered workshops in Nashville and Memphis, maintains an optical aids clinic, and provides an eye treatment and sight restoration service. It is also responsible for the distribution of talking book machines under an agreement with the Division for the Blind and Physically Handicapped, Library of Congress.

In 1967 the Division provided services to more than 8,000 blind and visually handicapped individuals. Its 1969 budget of \$1,431,340 includes 82 full-time positions.

Texas

The Commission for the Blind was established in 1931 by the State legislature and is made up of six members appointed by the Governor with the consent of the State Senate. This is an independent Commission which has retained its basic organizational structure since its inception. Originally, the Commission provided home teaching and educational services for the blind and was gradually strengthened through the different State-Federal programs as they evolved. After the passage of the Barden LaFollette Act in 1943, the Commission became the agency responsible for the vocational rehabilitation program for the blind, including the vending stand program as provided by the Randolph-Sheppard Act. At the present time, this agency provides services in the following areas: home teaching, including the distribution of talking book machines, vocational rehabilitation, the vending stand program, and services to blind and visually impaired children. The agency's central office is located in Austin with district offices located in population centers throughout the State.

In 1967 the Commission served more than 11,600 blind and visually handicapped individuals. Its 1969 budget of \$2,506,925 provides for 147 full-time employees.

Utah

The Utah Commission for the Blind was originally created in 1909 for the purpose of developing a directory of blind people in the State and to assist in their training for home industries or other possible employment. This Commission was short-lived since it went out of existence in 1911. Again in 1919, another Commission was activated and was connected with the Utah School for the Deaf and Blind.

During this same period a home teaching program was developing. In its beginning it originated in the School for the Deaf and Blind but in later years became part of the Commission for the Blind responsible for services to adults. In the early 1920's the Commission developed a sheltered workshop along with its home teaching program. In 1950 a new center for the blind was completed in Salt Lake City which housed both the workshop and administrative offices of the Commission. In 1963 the State legislature changed the name of the Commission to the Division of Services to the Blind, and shortly thereafter the Board of Vocational Education reorganized both the Division of Vocational Rehabilitation and the Division of Services to the Blind into one unit now known as the Division of Rehabilitation. Both the State supervisors of the Division of Services to the Blind and the Division of Vocational Rehabilitation report to the Director of the Division of Rehabilitation, who in turn reports to his supervisor in the Department of Education and the Board of Vocational Rehabilitation.

The Division for the Blind is organized into four major units providing services in home teaching including the distribution of talking book machines, vocational rehabilitation, prevention of blindness and sight restoration, and the administration of a sheltered workshop. It is also responsible for the vending stand program as provided by the Federal Randolph-Sheppard Act.

In 1967 the agency provided services to more than 1,100 blind and visually handicapped individuals. Its 1969 budget of \$350,000 provides for 38 full-time positions.

Vermont

Prior to the passage of the Federal Social Security Act and the initiation of the aid-to-the-blind program, services to the adult blind in Vermont were provided through

private resources. However, the State legislature did appropriate limited funds and made them available to the Vermont Association for the Blind, a private corporation, for one field worker.

In 1942 the State employed a home teacher as a part of its welfare program and in 1944 the Division of Services for the Blind was created. At the time of the establishment of this agency, it was assigned the responsibility for the State-Federal vocational rehabilitation program for the blind. Later it was designated as the State licensing agency for the vending stand program as provided by the Rehabilitation Services Administration.

At the present time, the agency is a division within the Social Welfare Department and provides services in the following major areas: vocational rehabilitation including the business enterprises program, home teaching, educational services for pre-school and school-aged blind and visually handicapped children, and administers a sheltered workshop program. The agency is also responsible for the distribution of talking book machines under an agreement with the Division for the Blind and Physically Handicapped, Library of Congress.

In 1967 the division served more than 1,100 blind and visually handicapped individuals. Its 1969 budget of \$206,431 provides for 12 full-time positions.

Virgin Islands

Services to the adult blind are provided as a part of an overall program for the disabled offered through the Vocational Rehabilitation Division. No special staff is employed devoting full time to providing services to blind persons and no special budget is allocated; however, at least 10 persons were provided services in 1967 and approximately \$15,000 was spent in these general services.

Virginia

In 1922 the Virginia State legislature created the Commission for the Blind. This organization was established for the purpose of developing a register of blind persons within the State, operating sheltered workshop programs, and providing other services to blind children and adults including home teaching. During the ensuing years, additional responsibilities have been assigned to this agency through the passage of both State and Federal legislation. In 1954 the Commission for the Blind was changed to the Commission for the Visually Handicapped.

The agency is governed by a seven-member board appointed by the Governor — each serving a seven-year term. This board appoints a director who has administrative responsibility for the agency's functions. At the present time, this comprehensive State agency serving the blind and visually handicapped supervises the financial aid-to-the-blind program which is administered on a county level and "free-standing" cities. The State and Federal funds for this program are channeled through the Commission which is also responsible for the maintenance of standards and requirements for this program. The agency also maintains a program of educational services for blind and visually handicapped children throughout the State.

Along with these programs, it was assigned the responsibility for the vocational rehabilitation services to the blind and visually handicapped including the business enterprises program as provided by the Randolph-Sheppard Act following the Federal Vocational Rehabilitation Amendments of 1943. The unit on home teaching provides services to the adult blind without regard to a vocational objective. The agency also

maintains a library for the blind and physically handicapped and is responsible for the distribution of talking book machines under an agreement with the Division for the Blind and Physically Handicapped, Library of Congress.

As part of its comprehensive services, the Commission maintains an ophthalmological program which includes eye examination services and an optical aids clinic. The agency administers two sheltered workshops, one in Richmond and one in Charlottesville. In 1966 it was given the authority to establish a comprehensive rehabilitation center for the blind. Plans are now underway for the construction of this additional service component in the Virginia program.

The central office of the Commission also houses a sales outlet for craft products manufactured in the homes of blind persons and selected items from the sheltered workshops. The Commission also provides a limited recreational program for blind and visually handicapped individuals.

In 1967 the agency served more than 6,000 blind and visually handicapped persons. Its 1969 budget of \$3,965,640 provides for 131 full-time employees. This budget contains the State-Federal portion of the financial aid-to-the-blind program, but does not include the county or city shares. It also includes the sheltered workshop's income.

Washington

Services to the adult blind were initiated in 1937 with the passage of legislation which created the vocational aid and training program for the blind within the State Department of Social Security. As part of this organization, home teaching services and a prevention of blindness program were established. The agency also assumed responsibility for a vending stand program implementing the Federal Randolph-Sheppard Act of 1936. In 1938 a workshop program was added to the agency's services, and in 1943, following the passage of Federal Public Law 113, vocational rehabilitation services to the blind were assigned to the unit.

During the ensuing years, a workshop program was developed into an evaluation program and in 1963 the agency occupied its new comprehensive rehabilitation center. Prior to the construction of this facility the sheltered workshop was transferred to a private organization. State Services to the Blind as the agency is now known, is a unit within the Department of Public Assistance. The Chief is responsible to the administrators of Social Services.

At the present time, the State Services to the Blind provides services in the following major areas: vocational rehabilitation including the vending stand program as provided by the Randolph-Sheppard Act, home teaching, prevention of blindness, and administers a comprehensive rehabilitation center for the blind which is not domiciliary. This agency while located in the Department of Public Assistance has a three-member advisory board appointed by the Governor for three-year terms. This board has a wide range of power in the formulation of policy recommendations and budget requests.

In 1967 the unit providing services to more than 5,054 blind and severely visually handicapped individuals. Its 1969 budget of \$1,055,750 includes 45 full-time positions.

West Virginia

Prior to 1945, special services to the adult blind in West Virginia were limited to a small vending stand program administered by the Department of Public Welfare. That

year this program was transferred to the Division of Vocational Rehabilitation, which provides services to all disabled in the State including the blind, and it is the designated licensing agency for the business enterprises program as provided by the Randolph-Sheppard Act. The Division has designated the West Virginia Society for the Blind as the nominee to provide day-to-day management services for the vending stand program. State funds are made available for part of the administrative costs of the nominee agency.

The Division of Vocational Rehabilitation administers a comprehensive rehabilitation center for all disabled and has developed a special unit providing services to the blind. These services include the operation of an optical aids clinic. Special vocational rehabilitation counseling services are provided through the district vocational rehabilitation offices involving personnel specifically assigned for these services.

In 1967 the Division of Vocational Rehabilitation provided services to more than 1,000 blind and visually handicapped individuals. The agency employs 15 staff members specifically assigned full-time responsibility for services to the blind and visually handicapped. Out of the division's total budget of more than \$9,840,000, approximately \$500,000 is spent on services to the blind and visually handicapped.

Wisconsin

The workshop for the blind in Milwaukee was established in 1903 as an employment facility for blind persons in Wisconsin. The State legislature in 1924 established a field agency for the adult blind under the supervision of the School for the Blind in Jamesville. The following year the responsibility for administering the sheltered workshop was transferred to that agency. In 1933 the administrative authority for the sheltered workshop was transferred to the State Board of Controls, the predecessor to the Welfare Department, and the field agency for the adult blind remained under the school for blind children. In 1939 under a State reorganization program, services for the adult blind were made a division of the new Department of Welfare. With the passage of the Barden-LaFollette Act in 1943, that agency was given the added responsibility for the vocational rehabilitation and business enterprise programs. Again in 1949 a major reorganization took place and services for the adult blind including the sheltered workshop became a section of the Division of Public Assistance.

In June of 1968 the State Government underwent another major change and the Division of Vocational Rehabilitation responsible for the vocational rehabilitation of disabled other than the blind was transferred to the Department of Health and Social Services. At the same time the section on services to the blind was made the Bureau for the Blind and placed within the Division of Vocational Rehabilitation. The supervisor of the Bureau for the Blind reports to the director of the Division of Vocational Rehabilitation.

At the present time the Division through its Bureau, provides the following major services to the adult blind and severely visually handicapped in the State: vocational rehabilitation including the business enterprises program as provided by the Randolph-Sheppard Act, home teaching or social services, and administers the sheltered workshop in Milwaukee. The Bureau for the Blind is also responsible for the distribution of talking book machines to blind persons.

In 1967 more than 1,541 blind individuals received services through the State agency. Its 1969 budget of \$1,023,383 provides for 48 full-time positions.

Wyoming

In 1890 the State legislature established an educational program for deaf and blind children, placing it under the Board of Charities and Reform. It was not until 1929 that this program was transferred to the Department of Education. In the meantime, the State Division of Vocational Rehabilitation providing services to all the disabled including the blind and visually handicapped was located in the same department. After the passage of the Barden-LaFollette Act in 1943, services to the blind became closely related with the Division of Vocational Rehabilitation and a gradual merger developed.

At the present time, State Services to the Blind is a unit within the Division of Vocational Rehabilitation and is in charge of a Director. There continues to be a separate statute for the program of educational services to deaf and blind children which makes up part of the budget of the unit providing services to the adult blind and visually handicapped. The Division of Vocational Rehabilitation through Services to the Blind provides services in the following major areas: vocational rehabilitation including the business enterprises program, home teaching services, services to blind and visually handicapped children, and a home industries program.

The 1969 session of the State legislature has passed an act creating a new Department of Social Services which will include the Divisions of Health, Welfare, and Vocational Rehabilitation. This law becomes effective July 1, and it is currently planned that vocational rehabilitation services to the blind along with the vending stand program as provided by the Randolph-Sheppard Act will move with the Division of Vocational Rehabilitation. The location of other services to the adult blind such as home teaching, home industries, and the distribution of talking book machines, etc., has not yet been decided. However, educational services to blind and visually handicapped children are planned to remain in the Department of Education.

In 1967 the agency provided services to more than 800 blind and visually handicapped individuals. The 1969 budget of \$223,142 provides for 10 full-time employees.

State	Individuals Served FY 1967	Estimated Budget FY 1969	Full-time Positions
Alabama	1,500	\$1,200,000	100
Alaska	15	15,000	---
Arizona	5,850	331,500	23
Arkansas	1,400	840,000	32
California	4,100	2,921,000	219
Colorado	900	500,000	34
Connecticut	3,025	2,700,000	77
Delaware	600	850,000	35
D. of C.	375	278,134	20
Florida	15,225	2,346,403	161
Georgia	1,700	1,219,618	59
Guam	37	31,350	---
Hawaii	619	495,405	27
Idaho	250	165,000	13
Illinois	4,700	1,500,000	141
Indiana	5,939	638,965	42
Iowa	3,200	1,100,000	73
Kansas	4,000	1,726,152	76
Kentucky	400	726,656	30
Louisiana	8,100	1,257,917	37
Maine	4,700	675,000	25
Maryland	316	500,000	21
Massachusetts	7,234	9,797,496	190
Michigan	1,200	888,106	57
Minnesota	3,504	1,250,000	55
Mississippi	500	1,358,400	68
Missouri	1,600	1,179,000	74
Montana	800	170,000	11
Nebraska	1,200	497,954	24
Nevada	450	237,000	14
New Hampshire	800	237,119	16
New Jersey	6,500	2,634,813	197
New Mexico	500	258,308	16
New York	11,184	5,994,781	183
North Carolina	14,000	9,500,000	216
North Dakota	400	100,000	6
Ohio	9,000	1,600,000	115
Oklahoma	1,600	1,060,300	50
Oregon	1,100	480,000	40
Pennsylvania	23,657	3,412,975	188
Puerto Rico	125	100,000	21
Rhode Island	1,000	425,813	37
South Carolina	5,346	1,500,000	76
South Dakota	900	390,000	26
Tennessee	8,000	1,431,340	82
Texas	11,600	2,506,925	147
Utah	1,100	350,000	38
Vermont	1,100	206,431	12
Virgin Islands	10	15,000	---
Virginia	6,000	3,965,640	131
Washington	5,054	1,055,750	45
West Virginia	1,000	500,000	15
Wisconsin	1,541	1,023,383	48
Wyoming	800	223,142	10

PATTERNS AND PRELUDES IN WORK WITH THE VISUALLY PROBLEMED IN FOUR SOUTH AMERICAN COUNTRIES

By Richard Kinney

The Yankee who flies due south to reach South America will soon find himself high over the Pacific Ocean. South America lies southeast of North America.

Similarly, the United States specialist in work with blind or deaf-blind persons will go astray if he visits Latin America in the expectation that rustic colleagues will “emerge” from the jungles, the swamps, the mountains, to harken to his wisdom. Where work with visually handicapped persons exists at all, it is conducted by intelligent, cultured, often aristocratic people.

How could it be otherwise? In an area where the great majority of average citizens are just beginning to drink from the fountain of mass education, only persons of exceptional enlightenment or compassion have the motivation to concern themselves with the exceptionally problemated. Lacking in specialized training, equipment and facilities they may be, and confronted by long-standing social and environmental roadblocks, they most certainly are. But of their caliber as individuals and pioneers, there can be no question. The Andes need not bow to the Rockies, nor the Amazon to the Mississippi.

When the Bureau of Cultural Affairs of the United States Department of State invited me, accompanied by Mrs. Jean Ridenour, my executive assistant at the Hadley School, to visit Colombia, Paraguay, Argentina and Chile under its American Specialist Program during the month of March, 1968, we accepted the invitation as a challenge in reciprocal learning. Since the journey telescoped 15,000 miles and nearly three-score addresses, conferences, receptions, inspection tours, and news-media interviews into less than 30 days, a chronological report is all too likely to read like a travelogue titled, “Itinerant Expert’s Odyssey”. To guard against this hazard, let me state a number of generalized observations and, thereafter, offer supportive evidence from our experience in each country visited.

1. In developing nations, programs in behalf of the welfare, education and employment of blind or other exceptional persons can tend to develop more slowly than programs in behalf of the general population — an “atypical space lag”.

2. Programs in behalf of the exceptional person tend to originate with voluntary groups or organizations and spread to governmental activities only later — children before adults.

3. Highly gifted or successful individuals among the exceptional group become a powerful influence in extending such programs.

4. Both material and technical assistance for the developing country and scholarships for local professionals or exceptional persons to study abroad can significantly promote the growth of sound programs.

5. In time, an independent, articulate class of exceptional persons come to DEMAND knowledge and opportunity as a right rather than solicit them as a kindness. Government plays a larger part. Integration spreads.

Colombia

In a mountain valley 9,000 feet above sea level, a city of perpetual spring under a shifting veil of gray clouds, Bogota showed us (in addition to modern apartment buildings and Spanish architecture dating back to the Conquistadors) a cream of wealthy, cultivated aristocrats, a mass of poor, semi-literate country people moved to town, and an encouraging variety of forward-looking enterprises in behalf of exceptional Colombians.

Here, as elsewhere, voluntary organizations have taken the lead in educating blind children. Directed by a kind-faced priest, Father Pena, the Colombian School for the Blind and Deaf is a church-supported school for handicapped boys that may in fact, as we were told before visiting it, be a lifetime refuge as well as a school, since students have been told they would never be turned out were jobs unavailable when they graduated.

Standing in the chapel (only the guests had chairs) of their old but picturesque stone building, the children, dressed in clean but worn clothing, listened round-eyed as I told them of my audience with Pope Paul and of the Holy Father's blessing on them and all like them. They sang — and the traditional art of music is well taught. A group of the boys presented us with a hand-made model of a typical Colombian house — and the skill of its workmanship speaks well of their instruction and crafts. We were shown Braille books the boys themselves had copied with slate and stylus, laboriously punching out the ladders of knowledge they hope to rise.

Afterward, Father Pena told us with quiet pride that some of the more advanced students are beginning to participate in activities outside of the school and that he is endeavoring to take life employment into consideration in planning the curriculum. He conceded that he finds it difficult to make ends meet, to feed and clothe the children, yet have a little left over for educational development. He said that any help from Catholic organizations in the United States would be most welcome.

The Institute of Our Lady of Wisdom for Blind and Deaf Girls is also a church-supported school. Here the students are crisply uniformed and the atmosphere is more contemporary. The combination of the deaf and the blind, once so popular in the United States and even now not unknown, had led to the enrollment of Colombia's first deaf-blind child accepted for "evaluation and training". The young girl, who quietly held my hand, appeared trusting and emotionally stable, but the Sister in charge expressed the wish that one of her teachers might study in the United States to acquire a specialized knowledge needed to carry the child far. We have since learned of another deaf-blind child, a boy of nine, enrolled shortly after our visit to Colombia at the School for the Deaf and Blind in Medellin, where the lad is reportedly making excellent progress. The Brother-Director informs us he is ready to accept two other known deaf-blind children "as soon as financial resources become available" . . . clearly, specialists in fund raising are as needed in Colombia as in the United States.

One training center for blind adults is actively functioning in Colombia, — the Rehabilitation Center for Blind Adults of Bogota, at which I addressed a joint meeting of

staff, clients and friends. The Center offers the type of training expected of such facilities in the United States, including counseling, Braille, mobility with the cane and preparation for employment. The staff appeared competent and aggressive. In addition to blind clients, one deaf-blind adult – the first in Colombia – had been trained and successfully placed in a sheltered workshop. We were privileged to meet with the sponsoring Lions Club and to participate in the nationwide TV kick-off of a drive to raise funds for a more adequate building. Those schools for blind children antedate by many years the inception of work with blind adults and the Center appears firmly based and ready to grow.

Indeed, the Rehabilitation Center for the Blind of Bogota is not the only resource on which blind youth and adults can call. The Hadley School for the Blind established in 1960 a regional office in Bogota with a native Colombian director, Mr. Hector Cadavid-Alvarez, who offers tutorial instruction in Braille and English by correspondence to blind persons throughout northern South America. Mr. Cadavid, who pursued specialized studies at the Perkins School for the Blind in the United States, is a Lion and a member of the Board of Directors of the Rehabilitation Center and illustrates admirably our thesis that the exceptionally gifted among the exceptionally problemated can be a highly effective influence in fostering specializing programs. Through correspondence study, he is reaching rural blind persons otherwise totally cut off. Mr. Cadavid, who is married and has three attractive children was our principal interpreter in Bogota.

Another effective leader in the field is Dr. Hernando Pradilla-Cobos, who accompanied us, tape recorder in hand, to most of our calls to institutions. As Director of the National Institute for the Blind, founded in 1967, Dr. Pradilla is especially interested in forwarding greater cooperation among voluntary service groups and in promoting government participation. He typifies a young blind man in a hurry – the gifted exceptional person who eventually demands, not merely requests, social action. Such leaders often produce heat as well as light, but their appearance would seem to mark a definite, perhaps necessary, stage in the advance for equal opportunity.

When we conferred with Dr. Antonio Ordonez, Colombia's Minister of Health, the Minister emphasized his sympathy with the cause of the physically disadvantaged and his readiness, insofar as possible, to assist in pilot and other programs. He also pointed out, however, that Colombia faces tremendous tasks in elevating the educational level of the mass of its citizens. Remembering the little, ragged shoeshine boys in the streets, the ragged, elderly (and not so elderly) beggars at our hotel, the rifle-bearing guards deemed advisable outside some jewelry shops and the squalor in the villages just beyond the metropolis, we could understand his meaning.

Yet the second-assistant concierge at our hotel, who pretended to be a college graduate in order to hold his job, moonlighted as a tourist guide when off duty, and studied at night with borrowed books to improve his mind, remains a vivid symbol. There are emeralds in the mountains around Bogota . . . there are ambitious men in the city . . . some of them are ambitious for the exceptional Colombian.

Paraguay

Small and thinly populated in comparison with its neighbors, sub-tropical Paraguay is considered culturally backward – except that it has achieved the most harmonious integration of white and Indian racial stocks in the Western Hemisphere.

The disparity between extreme wealth for the few and extreme poverty for the many is nowhere greater, yet the humblest woodcarver and the most exalted aristocrat greet each other by first name in the street.

The government is military and authoritarian. On the other hand, it has controlled inflation, the gross national product is rising, smiles are spontaneous, and no one glances over his shoulder before speaking.

That a country where scarcely one percent of the citizenry ever reach secondary education should have but one school for blind children is hardly surprising. We were startled, however, to find 30 friends and supporters of this school waiting in the 100-degree heat to greet us when we landed at the small airport outside of Asuncion, Paraguay's capital and only major city. Traditionally hot-blooded in war, the Paraguayans are correspondingly warmhearted in family and social relationships. In the following days, every conference became a reception, every address a banquet, every stranger a friend.

The Santa Lucia School for the Blind is a day school attended by 34 visually handicapped children of Asuncion — or rather, a half-day school. During the morning, the building of the school for the blind is made available to a group teaching deaf children. The philanthropic ladies of the Santa Lucia Association and the Lions Clubs that assist them represent the vanguard of voluntary organizations in special education.

Characteristically, the school emphasizes music and crafts, the beautiful Paraguayan harp being a particularly sensitive instrument for the former. Braille is of course written by slate and stylus, and so essentially simple an arithmetical device as the Cranmer abacus caused wonder. We were able to present the school with the first raised-line map of Paraguay the children, both boys and girls, had ever touched.

Preparation for employment? The philanthropic ladies assured us they were developing a broom-making program, though they admitted uncertainty about finding a market. When we suggested that the business men of the Lions Clubs could buy all kinds of hand-made products for use in their establishments, the ladies were delighted. We had, they said, solved their problem.

Adult training? Fortunately, the school sets no hard and fast age requirements, one of the "children" appearing about 30 years of age. His intelligent questions and obvious concern about self-reliant work indicate that the young man is not only the first adult trainee in Paraguay, but may also go on to become exceptionally successful — perhaps even the first blind member of that "independent, articulate class" that pushes for progress and not merely pleads.

Argentina

Bustling, sophisticated Buenos Aires, largest Spanish speaking city in the world, takes on the character of the lusty winds that sweep across the pampas and give it its name. The port of Argentina and, in the view of its residents, the country's dynamic heart, the city presents the North American visitor with news-media reporters who ask in deceptively gentle tones: "Do you consider us developed?"

Work with visually limited persons is in fact some ways developed. The government plays an active part in the education of blind children. An increasing number of these are going on to higher academic achievement in the universities. A fine Braille press exists, and sheltered workshops have been established. An articulate class of blind intellectuals is demonstrating both leadership and push.

And indeed they have a great deal to push for — or against. The educated young blind person is likely to meet a wall of frustration on emergence from school, for neither economic nor social parity await him. The person who loses his sight as an adult finds

little opportunity for genuine rehabilitation or productive employment if rehabilitated. In the view of Dr. Hugo Garcia-Garcilazo, secretary of the Argentine National Federation of the Blind and himself an exceptional man in a hurry, both the public and the generality of blind persons have yet to be convinced that lack of sight need not mean lack of competence. As organizer of our Argentine itinerary, Dr. Garcia-Garcilazo was therefore more concerned with hoped-for impact on social attitudes than with professional counsel.

Ironically, such attitudes show most promise of constructive advance, not in dominant Buenos Aires, but in Cordoba, an industrial city to the northwest. Here progressive schools for blind children, headed by the excellent Helen Keller Institute under Perkins-trained Miss Susanna Crespo, are preparing students for life as well as learning. Industrial plants such as that of Kaiser Automobile Works are offering competitive jobs. A strong association of blind persons has an effective rapport with the government. The cultural level of the city is high, and the exceptional are being invited to share in it. Professional and technical aid from the north can play a key role in this country ready to use it. The Hadley School already has been founded in Buenos Aires, under the directorship of Mr. Pedro Rosell-Vera, and a regional office for southern South America similar to that of Mr. Hector Cadavid-Alvarez is in Bogota. The names of Perkins School for the Blind, the American Foundation for Overseas Blind, the Vocational Rehabilitation Administration, and other private or governmental organizations in the United States are mentioned hopefully. News-media reporters to the contrary, blind persons and workers in the field of overcoming blindness in Argentina would prefer that their country NOT be considered fully developed. "Developing" will do nicely, Senor.

Chile

Having flown high over the snow-capped Andes, we landed in Santiago, the city with Yankee-type people and a California-type climate, just in time to be caught by, but not to cause, a teachers' strike. Our lecturing activities, therefore, dwindled markedly toward midweek, though not till after I had addressed a psychology institute of post-graduate students at the National University of Chile and visited the leading school for blind children.

The well-built, clean, efficiently and devotedly conducted Chile School for the Blind under Mr. Juan Escobar was founded as the direct result of a visit to Chile many years ago by Dr. Helen Keller, whose framed portrait hangs in the office of the director. Perhaps in remembrance of Dr. Keller's visit, students and faculty outdid themselves in hospitality. One of the high moments of our entire journey came at the end of my lecture when the Spanish-speaking children rose and sang "The Star-Spangled Banner" in English! Many days of rehearsals, we were told later, had gone into preparation of this gracious gesture.

The Chile School for the Blind is government supported and accepts students from all over the country. More books, more equipment appear to be primary needs. Insofar as possible, students are prepared for employment, but the same public attitudes toward blindness that prevail in Argentina offer difficulty here.

Chile is a nation tending to the left of center politically. The group of young blind intellectuals who joined us for tea at our hotel not unnaturally talked in terms of advancement through government action — employment quotas of physically disadvantaged workers for every factory, for example. Among those present were a university student, a reporter, a writer and the only guide dog we encountered in South America. "How do blind persons in the United States," we were asked, "make their views and demands apparent to government?"

The question has some relevance, since a law exists in Chile that denies blind citizens the vote. As a cabinet minister was later to say to me, "But, Dr. Kinney, they could not SEE the ballot!" When I explained how the problem is handled in the United States and pointed out the psychological value of wiping the law from the books, even though in these days it may not always be enforced, the minister readily agreed. He also noted that Chile has recently opened a modern rehabilitation center in Santiago for handicapped persons of many types, including the blind. Another official, the Minister of Special Education, a man very new to his work, seemed genuinely eager to build an active and effective program.

Chile faces severe economic problems, notably to control inflation and develop more diversified industries. In the creative ferment now taking place, new hope is shining for the visually handicapped. There is light on the Andes, but the light must come down from the peaks.

Summary

In North America or South, blind persons ask for two things: knowledge and training, and the opportunity to put them to use.

Blind or sighted, those who work to bring these goals about will observe in this report patterns and preludes now evident in Colombia, Paraguay, Argentina, and Chile that were once evident in the United States — and to some extent still are.

We have things to offer our South American colleagues — experience, specialized knowledge, equipment and techniques, financial aid.

We have things to learn from them — not least of which is greater insight into ourselves.

Co-existence is a formula for survival. Co-ASSISTANCE is a way of life that makes survival worth living. Whether we clasp a neighbor's hand across a doorsill or across a Hemisphere, ours is a work with one high purpose: to live and help live.

**FROM
VALLEY FORGE
TO HINES:
TRUTH OLD ENOUGH TO TELL**



A group of men who were patients at Valley Forge General Hospital during the war watch Lieutenant Lloyd Greenwood make a drive.

FROM VALLEY FORGE TO HINES: TRUTH OLD ENOUGH TO TELL

By C. Warren Bledsoe

(Editor's Note: The Editorial Board of BLINDNESS 1969 requested that this be a personal account of a segment of the history of work for the blind, inasmuch as the author was in a unique position to observe the happenings described.)

The Bradley-Hawley "Clean-Up"

The rehabilitation center for the war-blinded, which is familiarly called "Hines", is part of the VA general hospital of that name, large and complex, a town in itself, having even its own post office. Indeed it is a question whether it is on the outskirts of Maywood, Illinois, or Maywood is on the outskirts of Hines. Both are on the outskirts of Chicago.

Hines Hospital is widely and erroneously supposed to have been baptised in honor of Brig. Gen. Frank T. Hines, who was director of the Veterans' Bureau from 1923 to 1930 and Administrator of the Veterans Administration from 1930 to 1945. Actually Hines was named for Lt. Edward T. Hines, a young officer in World War I, who died in a base hospital from the rigors of exposure to trench warfare, and whose parents made up a difference of \$1,600,000 between the cost of the hospital and funds appropriated for it by Congress. This extraordinary pair of patriots apparently regarded all veterans in hospitals as their own sons, and contributed money to Hines Hospital for many years thereafter. In 1947 it was chosen as a culture for blind rehabilitation by Maj. General Paul Hawley, Chief Medical Director of the Veterans Administration, during what was known as "General Bradley's clean-up". This was after General Frank Hines' administration had gotten into difficulties, not through any great misdemeanor, but by outliving its time.

General Hines' own career in the Veterans Administration had begun with an earlier "clean-up" in the 1920s (often compared in the press with the cleaning of the Augean Stables) after which he had made the agency virtually proof against malfeasance. Yet, as the years went on, without being exactly a cheese-parer, he greatly underestimated what the people expected for veterans during and following World War II. And, at least where programs for blinded veterans were concerned, his animation appeared to have been suspended, seemingly in reaction to difficulties he had encountered over the World War I blind program. Extended haggling among the interested and the benevolent had resulted in the embarrassment of having a "center for blinded veterans" approved by Congress, but never funded. General Hines was tight-lipped over his difficulties but they had undoubtedly been many. The few people in work for the blind who lifted a curtain on his inaccessibility in his last days in the Veterans Administration had the impression of a man eager to do anything for blinded veterans except involve his agency in a service program for them which had a local habitation and a name. Naturally pressures of various kinds were put upon him; finally a conference at the White House, to which a medical officer accompanied him. An active program was discussed, about which the General was reportedly enthusiastic in the White House grounds, but as he crossed Lafayette Park a melancholy silence ensued, followed by days of inaction. It was a curious thing, which

probably no one either then or now fully understood, but of which more and more people became aware.

Meanwhile, though General Hines continued to command enormous respect from his staff, outsiders became increasingly impatient with his conservative management of the total program, so that when the World War II Veterans engulfed the Veterans Administration with demands for which he could not possibly have been prepared, he developed a bad press. Nothing short of a revolution in the Veterans Administration would satisfy the public. Generals Omar Bradley and Paul Hawley were put in charge of this revolution, General Bradley as administrator; General Hawley as chief medical director.



General Hawley, who told lobbyists, "To hell with the scenery. I want the finest doctors."

General Hawley was both the despair and darling of his public relations men because of his forthrightness. And he carved up the Hines administration as a dish for the gods, saying publicly there were only 51 of the 123 hospitals in the Veterans Administration he would be willing to go into himself, and only one he would be willing to have his son go into. I have always thought Hines was the one he would have been willing to have his son go into. He personally picked it for the spot in which rehabilitation of the blind in the Veterans Administration was to make a new start in 1947, and it was one of the few decisions he made about the program to everyone's surprise, without consulting anyone, and in a way that brooked no discussion.

Hawley when they took over the VA. One of General Hawley's first deeds was to tell the personnel office he wanted Dr. Carroll made manager of Hines Hospital that afternoon. Personnel said it would take a month. I have heard Dr. Carroll was made manager that day, but I suspect it may have taken three days or a week.

Undoubtedly one of his reasons for confidence in the hospital was his confidence in the manager he had appointed to head it. This was Dr. Kelso Carroll, who flew into Washington with Generals Bradley and

The atmosphere of the two generals was invigorating in the extreme. They were "now people" in a different and more cheerful sense than some of the "now people" of 1969. All of their urgency was needed, however. They were dealing with an "old guard" who often had as great a sense of duty as they, though it was fervently committed to the past. Frequently these old-timers were also entertaining and likeable fellows on close

acquaintance, such as he who said the old VA “was built round like a lion tamer’s cage, so that no one need get in a corner and have a fight.”

This same gentleman was a generalist who (he hardly knew how it had happened to him) was involved with supplying equipment to blinded veterans under Public Law 309, which set up \$1,000,000 for dog guides and “mechanical electronic devices” to be used “in overcoming the handicap of blindness.” It was a little difficult to administer because the trusting legislator who sponsored it had taken the wording of a lobbyist in a hurry to catch the Afternoon Congressional to New York. Thus the word “or” between “mechanical” and “electronic” had been omitted.

He of the *bon-mot* about the lion tamer’s cage, having fallen heir to this anomaly, was thus struggling with the administration of an “intention” of Congress, found in testimony on which the legislation was based. On one occasion he had gone round and round in his cage with a veteran who wanted a manure spreader, and from this time on he used this episode much as lion tamers do a chair when having it out with a lion, the sentence he fenced with being, “Do you want to give them manure spreaders?”

This came to a stop when it was reported to him that a witty lady had said, “What need have they of a manure-spreader when they have him?”

There was not very much old world courtesy going begging in those days.

Links with Valley Forge

In all there were literally hundreds of professional and volunteer workers for the blind and public officials who made important contributions to the War Blind Program. Indeed they were comparable in numbers to the characters in a novel by Tolstoy, and often equally as troubled and restless. It would be hard to estimate how many of them could lay claim to having been the guiding light of the program for periods of one minute up. Yet it was Russell Williams who bound them all together, and it was he who linked the gains of Valley Forge Hospital to the future through the program at Hines.

FROM VALLEY FORGE TO HINES is in fact a sequel to THE VALLEY FORGE STORY carried in BLINDNESS 1968 and also to Russ Williams’ answers to questions on centers in BLINDNESS 1965. Certain of the same people took important roles both at Valley Forge and Hines, the lead at Hines going to Russ Williams, who had been a counselor of blinded soldiers at Valley Forge.

General Hawley himself had played a part indirectly in the Valley Forge Story, when he supported the zeal of Dr. Derrick Vail, chief consultant in ophthalmology in the European Theater, who came back to the U. S. to ask why in the world nothing was reported as happening with respect to blinded veterans. Thus he had come upon the curious block in the mind of General Hines, which even went so far that when the War Department said, “If you don’t do something, we will,” the VA replied, “Go ahead”. President Roosevelt, having a great many other things on his mind, went along with the idea, only modifying the prescription to give the Army responsibility for the social adjustment of blinded veterans, and the VA responsibility for vocational training. Based on a Presidential order to this effect, the elaborate programs of the Army at Valley Forge, Dibble and Avon Old Farms had been established.

Dr. James Greear, who as Eye Chief at Valley Forge Hospital had been a driving force for rehabilitation of blinded soldiers, also became a chief actor in the creation of the Hines program. In 1946, he and I both were out of the Army a little earlier than

others at Valley Forge, he in Washington, I in Baltimore at the time when Generals Bradley and Hawley were putting through their reorganization of the Veterans Administration. With considerable heat generated to "do something for the blind", the two generals turned to Dr. Greear for what a colonel knew, and Dr. Donald Covalt, on General Hawley's staff, turned to me for what a tech sergeant knew. This offered a rare opportunity of the once-in-a-lifetime kind, especially at a time of announced revolution in the government, and we were both eager not to muffle it.

In January 1946, I chanced to meet Dr. Donald Covalt shortly after my discharge from the Army, and he engaged me as a consultant to survey some programs from World War I in Veterans Administration National Homes. It had been reported to him that 337 veterans in these homes were blind, clustered in 9 "centers", where as a result of the recent adverse publicity, efforts were under way to revitalize old programs in their behalf. I was asked to visit these centers in rapid succession, and did so during the late winter and early spring, the trip taking about six weeks, as the places visited were far flung: Bronx, N. Y.; Bath, N. Y.; Dayton, Ohio; Wood, Wisconsin; Los Angeles, Cal.; Tuskegee, Ala.; Bay Pines, Florida; Mt. Home, Tenn. and Kecoughtan, Va.

The report I made of this trip caused a favorable reaction from General Hawley because I did not show the "horror institutionis" he was beginning to encounter from many of his revolutionary forces. The general was certainly of all generals the least "G.I.", but he had not spent 30 years in the Army to end up skittish over the idea of central kitchens or the aroma of lysol mixed with pine. Many of his new helpers were firmly convinced that, except for hospitals, the only good institution was a dead institution, and they went after the National Homes in a way that was a little short of ferocious. Knowing how evil a bad institution can be, I had, nevertheless, seen those for which I had genuine respect. My visit to the National Homes was a success because I was able to make friends with some of the managers and other staff members, in the various installations who turned out to be not at all stupid and sometimes they were quite skillful at dealing with some impossible situations of derelicts who were at the end of the road. I thought that they suffered from the evils of isolation and that with mechanisms to break down the barriers between them and the outer world, their custodial programs could become quite excellent for those who truly needed such care. Someone had already set up the policy of employing blind counselors in each program. I recommended that these be continued with the assistance of a sighted mobility instructor. We arranged for all the blind counselors to go to Valley Forge Hospital for two weeks the summer of 1946 to familiarize them with the program there.

General Hawley and Dr. Covalt reacted favorably to virtually all of the action described so far, and Dr. Covalt asked me to continue as a consultant when I took a job as editor of the *Outlook for the Blind* in September of 1946. This was the vantage point from which I became a spectator, and then a participant in the establishment of the Hines Center.

After four years in the Army, I was not at all eager to work in an official position. Initially I had gone to converse with Dr. Covalt at the behest of a relative. But I was won over by his refreshing eagerness to do something for blind people and his obvious appreciation of efforts to help him. He also showed a very satisfying impatience with one manifestation of bureaucracy which was very curious indeed.

Opposition to a Center

The curious manifestation was an agreement that the Department of Medicine and Surgery would be responsible for World War I blinded veterans, and the Vocational

Rehabilitation and Education Service of VA for World War II veterans. Even those who developed this policy, which had an Alice-in-Wonderland simplicity, realized from the outset it would have to bend a little, if “anything happened” to the health of the blinded veterans with service-incurred disabilities. But they retained something between a challenge and a hope that the Army and the Navy were supposed to have “fixed them up,” and they would have no more medical problems.

At such suggestions Dr. Greear’s face was always a study, knowing the human eye as he did. Both he and I had concluded fairly early that under the Veterans Administration some kind of center should be established for the basic rehabilitation of newly blinded veterans. But during the early part of 1946 the idea did not have many friends. Still in effect was the order signed by President Roosevelt, giving authority to the Army for operating such a program, and the Avon program continued to function at full strength, though already earmarked for liquidation by Army regulars.

A more serious force, working against the establishment of a VA center was forward-looking opinion in work for the blind, which had been unfavorable to such programs for a very considerable time, as the development of social work and the social work point of view went out against programs which took the client away from home. Moreover, an immediate preoccupation was 1055 veterans listed as blind by the VA Department of Vocational Rehabilitation and Education, who, having had “social adjustment” in the Armed Services, were now ripe for job training and placement programs. They had been the subject of great interest to the field of work for the blind, a segment of which had a basic principle that a central habitation for the training of the blind would inevitably become paternalistic, and should be avoided like the plague. Initial action of certain of the leaders had been the indoctrination with this principle of all persons in a position to make official decisions, including the ophthalmologists in the Armed Services, who had absorbed the philosophy, but on a practical basis had been forced to resort to local habitations for their programs and staffs. And it seemed to both Dr. Greear and me that the best plan was to establish a permanent program yet one designed to be centrifugal, rather than centripetal.

In 1946, however, certain things were on foot which for a time made it appear this might be unnecessary. Action in behalf of the 1055 men who had had basic rehabilitation in the Armed Services was under way with some help from the American Foundation for the Blind, stimulated by Miss Kathern F. Gruber. Most gloriously militant, Miss Gruber had been made Director of War Blind Services at the American Foundation for the Blind by its executive director, Dr. Robert B. Irwin, and her assignment was expressly to goad him on the subject of the War-Blinded, inasmuch as he had many other things to think about.

“She will give the Foundation to those boys,” he said to Alfred Allen, “and I love her for it, but you hold her down.”

It was quite obvious to Alfred Allen and everyone else that he had his work cut out for him.

What T. E. Lawrence was to the Arab Revolt, she was to the War Blinded: the prophet of ideas of independence, a bona fide and accredited revolutionary. Another parallel to Lawrence is found in the irritation she produced in legal-minded public officials, which was engulfed by a general good will toward her on the part of others, which amounted to a public sentiment. She combined directness in the management of affairs with great subtlety and tact, and had a capacity for friendship limited only by time. But she was also formidable toward shilly-shallying public officials.

A VA training officer said of her, "Whew! Whew! Whew! That lady's Hell-on-Wheels and the sweetheart of the Blinded Veterans Association."

At the time she had a fragment of stained glass on her window, which bore the legend, "Truth Against the World", and it was no mere *beau geste*.

In the Fall and Winter of 1945 the Veterans Administration had begun to receive calls from Miss Gruber and to share the burden of her interest in blinded veterans. Fortunately there had also come upon the scene someone strong enough to make constructive use of the pressures she had engineered by her fact-finding and by her ubiquitous travel to military and VA facilities, as well as Washington. Dr. James F. Garrett had become Chief of the Special Rehabilitation Procedures Division in VA Vocational Rehabilitation and Education. He took the trouble to give his training officers and certain other personnel a course on blindness arranged by Miss Gruber at the American Foundation for the Blind. In a comparatively short time some 100 staff members were whipped into shape, and also became correspondents of Miss Gruber.

The result was that they acquitted themselves very well indeed in preparing veterans for jobs and placing them, after the veterans had had basic rehabilitation training in the management of their blindness in the service programs. And since the majority of blinded veterans had now reached this point, their problem seemed typical, and the more recently blinded veteran receded to the periphery of planners' attention. However, for those still in training, or yet to be trained, no long-term preparations were under way. Mr. H. V. Stirling was Dr. Garrett's top boss in Vocational Rehabilitation and Education, and he was most evasive on the subject when anyone called on him and brought the subject up. It was rumored, as subsequently proved to be the case, that he was of the General Hines School of Thought with respect to VA's operating an installation for the treatment or training of veterans. And when he and his helpers were prodded, they resorted to the formula of buying prevocational services from civilian agencies. Over this, however, there was a difficulty.

The Army and the Navy programs at the end of World War II had been saturated with services on an "anything-money-can-buy" basis. Perhaps this included much that was of dubious value, but it had also included what was known as "Dick Hoover and his men", which was in fact a minor revolution in prevocational training, of which the civilian agencies were only dimly conscious, and to the extent conscious, not inclined to emulate.

Corporal, Sgt., Lt., finally Dr. "Dick" Hoover had occupied the center of the stage in the Valley Forge program, indeed far more than was indicated in "The Valley Forge Story", BLINDNESS, 1968. He had not only enunciated a theory which might be summed up, "Action first — psychology later (if necessary)" — he had discovered a means to implement and dramatize it . . . his long light (6 oz.) cane. He had found a new way, taught the method successfully and taught others how to teach it.

Of all this the blinded veterans themselves were aware and found means to inform General Bradley on the subject through their friend Baynard Kendrick, perhaps the most Tolstoyan figure of the entire War Blind caravansary, and himself a novelist, author of a book about a blinded soldier, called "Lights Out". An old hand at the treatment of blindness in fiction, he had also written many stories about a blind detective, called Duncan McLain. As a kind of memorial to a friend blinded in World War I, he interested himself in the War Blinded of World War II, and encouraged certain among them to establish a blinded veterans association.

To Kendrick goes the responsibility for committing to the cause of rehabilitation one of the blinded veterans who had the most extraordinary mind and ethical sense most of us were to encounter for several decades. This was Lloyd Greenwood who became the first executive director of the association, founded in 1945. Not a man who let himself (or anyone else) off easily, he was keenly aware of the clash between social gains and tribal customs affecting blind people. First Baynard Kendrick and later Miss Kathern Gruber taught him all they could, and he was the equal of each of them intellectually. Like many smart people he did not suffer fools gladly, on one occasion mystifying a lady for a considerable part of an evening by telling her about a blind painter named M. Noir, “who painted entirely in black, on black.” And when another very dominating and emotional lady insisted on edifying him with the excitement of gunplay for the blind, and described how her blind son had shot a duck, Greenwood said, “I can top that. I had a friend who took his golf stick, and with a golf ball *parted my hair*.”

Needless to say, what delighted Baynard Kendrick and Miss Gruber found a little less favor with the Old Guard in work for the blind.

But obstreperousness in dialog was not Greenwood’s rule when talking with public officials, in which category I was from time to time, and I found him an extraordinarily astute and able diplomat for blinded veterans.

Kendrick and Greenwood made an effective team in expounding some of the problems of blinded veterans to General Bradley and in advancing the idea of the center. Kendrick was one of the first to realize, as many others found later, that the Department of Medicine and Surgery might be thwarted because there was an old organizational structure which General Bradley had not abolished, whereby the Chief Medical Director ranked at the same level as the Assistant Administrators who headed Special Services, Vocational Rehabilitation and Education, Claims, and so forth.

Medical Diplomacy in Action

Meanwhile the VA Department of Medicine and Surgery had swallowed a keen awareness of the innovations in prevocational training of the blind without knowing it. That I had worked, dined and slept as one of their consultants was a small matter and would have had no effect by itself. But General Hawley had managed by an unusual feat of medical diplomacy to take over from the Army a great medical consultant program of citizen-army doctors whom he had made useful in the Service by giving them special status. This had been engineered through the remarkable personality and tact of General Elliott Cutler. The flower of the medical profession had come over to VA in 1946, virtually intact through what was called the Dean’s Committee Program, a brain child of Dr. Paul Magnuson. This was linkage with medical school programs which took prestige medicine to the veteran patient on a consultant basis, all of which is described in detail in Dr. Magnuson’s memoirs: “Ring the Night Bell”.

The result was that virtually every ophthalmologist who had been associated with the Army War Blind Program became associated with the VA, having had close personal experience with the prevocational possibilities of a “center”. Aware of what had happened in the service programs, they were quite determined that the practices which they had seen proven would not be lost when these programs were discontinued, and they were not parsimonious with their influence in behalf of a VA center.

All of this influence, and then some, was needed. The idea that the VA should not operate a “facility” for the blind was firmly rooted indeed, both inside the VA and without. Moreover, without there was strong opinion in some very enlightened quarters

against any "center for the blind", anywhere, any time. Only one thing could have prevailed against this: the absolute and total assurance physicians have a habit of adopting when they have decided something is right to do. It is no simple matter to scare off men who, when it is indicated, can cut out an eyeball. The ophthalmologists in question had seen the soldiers at Valley Forge and Avon perform as no other patients ever had; indeed had seen them converted from pounding on the CO's desk with their canes to extremely graceful users of canes for navigation just about anywhere they pleased, in a way that attracted such favorable attention they did not so much mind attracting it. It cut little ice with the doctors to say that from the standpoint of theoretical social work this should have been done "in the veteran's home and in his own community", or if it was a hard-bitten VA bureaucrat speaking, "I have seen a lot of these blind veterans, and the one thing you must not do is get them together."

It was Dr. James Greear, our eye chief at Valley Forge, who had a special burning zeal to get a center under way in the VA, and from his experience of work for the blind in Army days he was quite sure that those who had worked on the Army program must do it on their own responsibility, looking to no influence except Generals Bradley and Hawley.

At Valley Forge we had all been invigorated and amused by Dr. Greear's formula, "Let's push it!" after which some large and senseless barrier to the good of the world was likely to fall, or at least get a fearful battering. He now entered upon the bulldozing tasks of breaking down prejudices against a center, and I assisted. Dr. Covalt cooperated fully, readily agreeing to include such a program in VA Medical Rehabilitation as VA Physical Medicine and Rehabilitation was then called. In July he asked me to draw up a one-page memorandum proposing the center and showing it in relation to other responsibilities in the Department. This memorandum was to serve through thick and thin, and it went as follows, with comments and initialings by the General.

July 12, 1946

TO: CHIEF MEDICAL DIRECTOR

FROM: Assistant Medical Director, Medical Rehabilitation.

SUBJECT: Program for blind veterans under medical rehabilitation.

During the past six months we have investigated the extent of our responsibility toward blind veterans with the aid of all specialists available. The following recommendations have been made:

Approved
PRH

1. There should be a national rehabilitation training center established in connection with an eye clinic which should make available progressive rehabilitation over a long term period. In this program there should be a special emphasis on returning the blinded veteran to society as soon as possible. There should also be a system for follow-up care.

Yes

The program should be available not only to men newly blinded but to men from other veterans hospitals and national homes who have given proof of wanting to return to society.

Simultaneously with this, the programs now in operation for veterans in hospitals and national homes should be maintained. For them there should be an additional work and recreation program sustained by a staff of trained people probably on a basis of one for every 15 beneficiaries.

Present
program
should
be
coordinated
by
this
office.
PRH

The rehabilitation center in connection with the eye clinic should be planned on a long-term basis and provide for study in connection with the ophthalmological department. Action necessary to initiate the organization of the center should anticipate the closing of army and navy programs for the blind.

2. It was found in the army that one of the most valuable therapeutic means of rehabilitation for the blind was instruction in orientation or foot travel without sight. Methods of instruction in this skill were developed and personnel trained to give this type of instruction.

Approved
Tentatively
select
Ft. Thomas
Ky.
PRHawley

On the basis of reports that there is not a proper carry over in this activity following discharge from the army and navy, this type of instruction is recommended as a fitting service to be given by Medical Rehabilitation. This would be for those men in whose routine a guide dog would not be suitable, which is a considerable proportion of blinded veterans. In order to give adequate service, it is recommended that under a centralized procedure an expert in orientation (preferably one who has known the blind soldiers) be put in charge of a small maneuverable outfit of trained specialists who could be detailed to go severally wherever it was necessary to go in the United States for the purpose of giving on the spot instruction. This would be coordinated with the Vocational Rehabilitation and Education Department and with a program of mental hygiene. The person in charge must have authority to employ suitable personnel as he sees fit and direct their activities.

DONALD A. COVALT, M.D.

I cannot remember whether I thought this document would in and of itself produce the center. But if I did, the enchantment was brief. It was dated July 12, 1946, and approved by the General with his usual promptness two days later. But the first blinded veteran was not admitted till the 6th of July 1948, one year after the closing of Avon. And in the interval it seemed to me that the number of people involved were like the characters from all of Tolstoy's novels, each with his own variation of the plot, but none equal to Tolstoy in drawing the whole business together.

I, myself, make the mistake of thinking I could persuade some one more reliable than I to go down to Washington and reap the whirlwind, and undertook to do so.

The Question of a Blind Chief

While working on the survey report I had begun to think about the need for a permanent staff member in the Department of Medicine and Surgery to be a kind of tutor on the subject of blindness to all in that part of the agency who needed it. In a large "general" agency, it seemed to me that this could be more effective than a staff within a staff, and in any case the best friends of the blind in the VA had no idea of establishing a full-blown division of services for the blind in Medical.

Two of my ophthalmological friends, Drs. Greear and Gunderson were frequently at Central Office, and willing to back such an idea along with a center in a hospital. They were somewhat dubious, however, over another of my ideas with respect to such a position. I was sure that we could solve many of our problems by a principle which had been followed by the British, namely, the leadership of a blinded veteran. Lord Fraser in Britain and Col. Baker in Canada had been eminently successful, and neither doubted this was in part due to the effect of their blindness, not only on the public and government officials, but on other blinded veterans. Though ophthalmologists were only dubious about this, having been softened up by the English, the other physicians in the VA, including those in Medical Rehabilitation, were at first adamantly opposed to anything which to them resembled the patient doctoring himself.

None-the-less on May 12, 1946 I dispatched a letter to friends still at Valley Forge, one of whom was Dick Hoover, another Miss Ilah Ojah and the third Miss Louisa Walker, an old friend, who, like me, was what Father Carroll called a congenital worker for the blind, since she was a member of a considerable line of educators of the blind. I asked these three friends to choose the likeliest leader from among the blinded soldiers they had known, doing so without consulting each other. It was prophetic, I think, that all listed Russ Williams first, though it was many years before he took a position comparable to the one I had envisioned for him. Those who were doubtful about such a policy had other things on their minds to distract me from it for the time being.

About this time Dr. Covalt countered my proposition that he employ a blind staff member by suggesting a staff member, but a sighted one, and me for the job. He acted to set up such a position on May 27th. For many reasons I resisted this. Chiefly I was squeamish over getting paid for a position my pressures had helped to bring into existence. I did not doubt the sincerity of his offer, however. He was one of the most appropriately sensitive individuals in the entire cast of characters on the VA stage, and he had been impressed, if in no other way, by the fact that I had not let the death of my father interrupt the survey, grasping very readily that my father's work for the blind was best honored by continuation of my work. However, I did not see myself as cut out for a permanent role in the VA, though I was willing to function as a consultant for a time until the right person could be found to take on such a function permanently. Toward this goal the way was long and tortuous, though ultimately the day came when the agency was not only willing, but glad to fill my job . . . and with a blinded veteran.

On May 25th, 1946 a Citizen's Advisory Committee on Blinded Veterans, inherited from the Army, met at Central Office to make its influence felt. Concerning this occasion I wrote Dick Hoover rather euphorically. "Yesterday the Consultants met . . . Dr. Irwin presiding, with Mr. Coombes, who is charge of Dr. Garrett's outfit at his elbow; Miss Gruber and I there by courtesy. It was 8 hours long, and I went early and stayed late. This part of life is exciting to me, passing the intoxication of Whiskey, and far more interesting than any play, with all the events of years making the different people do and say what they do and say."

This meeting was a crucial one in the development of the VA program for the blind, and the genesis of much action, a great deal of which was not contemplated by some of the principal committee members. In addition to Dr. Irwin and Miss Gruber, Father Carroll was there, and he was to author a report of findings, which was to become a veritable albatros around the neck of the Old Régime.

Miss Gruber's running mate as a revolutionary, Father "Tom" Carroll was called the "blind priest" of Avon Old Farms, because of the identification with blind people which the soldiers ascribed to him. He was not only chaplain at Avon, but visited Valley Forge and Philadelphia Naval as well, taking with him an ecumenical point of view long before Pope John brought it before the world. From the forming of the Blinded Veterans Association till now he has been its chaplain. It will do him no injustice to say he has sometimes been misunderstood for the analogy he made between blindness and death in his book "Blindness". It of course makes quite a difference whether the reader believes in resurrection, which, it hardly need be said, Father Carroll does. In any case he was very keen in seeing at Avon that war blindness presented a great hazard to personality as a kind of super-death in which consciousness remained, together with certain privileges of Valhalla, by which a veteran might exact worship from society and family; presenting hazards to character which any extraordinary power brings. Father Carroll's common sense remedy was usualness of the kind that nourishes and creates, what has been called the "light of common day". This caused blinded veterans to trust and rely on him very heavily.

I knew both from Father Carroll and Miss Gruber the direction of their thinking with respect to the report of the Advisory Committee. From this and from my observation of the Advisory Committee Meeting, I thought it would be prudent for VA to stir its stumps immediately and made some recommendations to Dr. Covalt: 1) that he bring Russ Williams from Valley Forge for a conference; 2) that a valiant effort be made to entice Dick Hoover from going to Hopkins Medical School (where he had just been accepted) by offering him full charge of a blind program in the Department of Medicine and Surgery; 3) give personnel working with old blind men in VA hospitals a training course at Valley Forge Hospital and 4) take up the question of employing a blind consultant for central office.

The grapevine had informed me that Russ Williams had gotten very much stirred up over some of the follow-up treatment blinded soldiers were receiving when they were discharged as veterans to regional offices when Dr. Garrett's men had not yet begun their activities. At the time I knew Russ only slightly, but I had already adopted the practice of asking advice from people I thought I could rely on, and then paying attention to it. The best authorities had opined that Russ was such a one, indeed was exceptional for fair-mindedness, and it seemed to me if he were incensed it would be in way which would be constructive and command the respect of people he met. Concerning my recommendation about Hoover I would have had no compunction at that juncture over drawing him away from a medical career had it been possible. Unfortunately our fellow officials in VA Vocational Rehabilitation had already managed to engage him in a thoroughly unsatisfactory job-offering correspondence which did not build his faith in the agency. However, in retrospect nothing would have stopped him from going to medical school; nothing did. He was 30 years old at the time, and competing with the energy of people in their 20s. But in record time he was to pass his boards in ophthalmology, during those years spending hundreds of hours on the cause that many budding ophthalmologists cannot even bear to think about; namely, work for the blind.

Eventually Dr. Covalt and Hoover talked, indeed Hoover was offered the program semi-annually for a time. But Dr. Covalt as a medical man could not help identifying with Hoover's urge to be a doctor.

Nonetheless, quite a lot of my time and energy in 1946 went into my attempts to get him to take charge of the VA Department of Medicine and Surgery program for blinded veterans. In addition to his other attributes, he was extremely well liked by the powerful consultants in ophthalmology who helped to form the backbone of the Hawley reorganization. Indeed so well liked was he that while I had been attempting to coax him into throwing in his lot permanently with work for the blind, the ophthalmologists had quietly whisked him out of my grasp into medical school.

His final word was to be, "I think the best thing you can do for the blind is make them see. I want to be an ophthalmologist."

And despite my acquaintance with many useful and at times joyful blind people from 1912 onwards, I did not have ammunition to debate this. Fortunately, however, his unusual spirit and intellect remained at the service of blinded veterans to an extent which was a rare accomplishment in efficiency, when he became a consultant to the VA Department of Medicine and Surgery as a mere medical student.

I recall very well the look of consternation on the face of Dr. E. H. Cushing when I proposed this; indeed a lesser physician so traumatized would have heard no more that I said. But I expected a lot of Dr. Cushing not because he was VA's Director of Medical Research, but because he had been one of the children in the vicinity of Dr. Osler, and I

had a superstition that this was almost a guarantee of being a thoroughly adequate human being. I advanced no argument but that I wanted him to see and talk with Hoover. The conversation not only went well; it helped to make Dr. Cushing a very strong friend of the blind program.

The only one of my recommendations to Dr. Covalt which went through the establishment with relative ease was the training course for VA medical personnel at Valley Forge.

However, my hunch with regard to Russ Williams was not entirely fruitless. When he came to Washington on his own initiative, in behalf of a veteran to whom he had been counselor at Valley Forge, I saw to it that he met Dr. Covalt and other VA officials, in whose minds a new concept of the blinded veteran began to take shape, though the agency was by no means prepared at that point to give a blinded veteran such authority as Williams was to have.

It was about this time that I began to see how handicapped many of the most intelligent people in government were by what Alan Gowman called "sheer lack of information about blindness". They simply did not know what blind people could, and could not, do, and they did not have time to stop and find out by the only thorough method — spending many hours with many different blind people. They wanted rules, and on this subject rules are difficult indeed to come by. All kinds of people told them chauvinistically and often sincerely, "A blind person can do anything." An equal number came behind to say what liars and/or fools people were who said that.

Very few were willing to say what Dick Hoover's methods had proved: that there was no magic in work for the blind: that indeed the human being can function without eyes, but that much is required of all concerned, including figuring out just *how* what is to be done *can* be done without the help of eyesight.

Along this line I had my first conversations with Dr. James Garrett, who understood the facts quite well. After Williams' visit we discussed the possibility of sustaining the training veterans had had as soldiers by putting the Valley Forge mobility instructors into the field under VA that summer. This would have been as an emergency measure, with Hoover to organize it in the months that remained before he went to medical school. But the rather naive pipe dream gave way before various realities. The quality of the Valley Forge group took them into high paying jobs and also into universities almost immediately when they got into civilian life. And Hopkins made Hoover study German and organic chemistry that summer. (Despite Dr. Elliott Randolph's saying, "It'll never do him a bit of good," speaking as our friend and former eye chief at Valley Forge.)

Part-Time Consultant

I myself was on my way out of government, having notified Dr. Covalt in June 1946 that I had accepted the position as editor of the *Outlook for the Blind*. However, when it was obvious that Hoover would not be available to develop a program for the Dept. of Medicine and Surgery, it also began to be apparent that many other people were leary of it; in fact, they said quite frankly, afraid they would get their fingers burned, the history of the agency having been what it was. Thus began a "temporary" arrangement, during which I worked part-time as editor of the *Outlook for the Blind*, and part-time as a consultant to the VA Dept. of Medicine and Surgery, charged mainly with the task of finding someone to take over on a full-time basis. It was from two vantage points then, that I saw events unfold which ultimately led to the establishment of the VA center at Hines Hospital.

How I became a sort of modern Federalist I am not sure. My best friends and my father's best friends had been dedicated to the principle of "keeping the Federal Government out of things". Yet back at Valley Forge I had begun to have more than a little sympathy for the plight of Uncle Sam's government, faced with a wall of exclusiveness, while responsible for many scores of blinded soldiers. My sympathy became more acute as I found a replacement for myself so much more difficult to come by than I had anticipated. Furthermore, there seemed little likelihood that I could force the issue by walking out altogether. It was almost a certainty that the idea of a medical rehabilitation program for the blind would be quietly abandoned. With regard to the Center it remained to be seen whether the necessary support could be mustered to get it under way.

The "Center" Question

One important influence which was still a cypher on the subject of a center was the Citizen's Advisory Committee to General Bradley. The Committee from which it had been derived had been one of the things Dr. Greear had "pushed" in the Army in the hope of organizing discontent and turning it into something useful. This had been upon the advice of Father Carroll who had also stressed the importance of including those who differed from his own point of view. The same principle had been followed by General Bradley. There was a strong executive group, including Peter Salmon, known as the staunchest and most friendly man in work for the blind; Gabriel Farrell, the Director of the Perkins School; Raymond Frey, a most popular blinded veteran, who had preceded Russ Williams at Valley Forge; for its chairman, it had my new boss Dr. Robert Irwin, Executive Director of the American Foundation for the Blind, and, for its driving spirit, Father "Tom" Carroll.

On the subject of the center I knew that Dr. Irwin was something less than lukewarm. He had invested his honor on a lifelong basis in keeping blind people from being institutionalized, initially because the residential school he had attended as a boy had its playground next to its manure pile, but his first impressions had been backed up by academic learning, meditation and experience in "town" as well as "gown". Father Carroll differed with him, I knew, about the center idea, but with the continuation of Avon in mind, and from this I, myself, dissented.

On October 3rd, a report of the committee's view of the Veterans Administration was delivered to General Bradley's office. This document was piercingly and disconcertingly frank, virtually from beginning to end with a "you-have-left-undone-those-things-you-ought-to-have-done" bill of particulars. It had been composed by the joint talents of Father Carroll and Miss Gruber, influenced by the cool judgment of Mrs. Lee Johnston and Dr. Irwin. Toward complacency it was lethal, and its key recommendation was "a coordinator of blinded veterans affairs," with access to the administrator.

A reasonable facsimile of the old VA "palace guard" arose to deal with this *lèse majesté* in classic bureaucratic fashion – a polite note of acknowledgment from General Bradley on October 10th – and then a long period when there was no evidence it had punctured the inner sanctum. And I heard by the grapevine that the Advisory Committee was "dead".

This was dangerous symptom of an old disease. The Saturday Evening Post called General Hawley "the boss medicine man", and I thought it was time for such to be called in on the case. I asked Dr. Covalt if he minded if I took the Advisory Committee's report to General Hawley myself. He said he did not.

With the report in hand one afternoon at a quarter of five I had a little parley with one of General Hawley's secretaries. She took the document from me, went into the General and came back saying he would read it that night and see me in the morning. This he did, and it was the first of a series of crucial interviews with him.

Dr. Magnuson had described General Hawley as having "a comfortable figure, a clear blue eye and a look of 'whatever you're up to, I'm wise to it.'" I find in my notes that "he looked and sounded so fierce he never had to say an unkind word". Neither he nor I was very much amused that morning, but we struck up a harmony out of mutual irritation with attempts to sweep something under the rug. He thanked me for bringing him the report, which it was obvious he had read, and he said he would personally take it to General Bradley. The Committee had not mentioned the activation of a center in the Veterans Administration, urging instead the continued use of Avon. The General was opposed to this without any prompting from me. I think he had gotten his steer from the Surgeon General of the Army, who had written a letter dated October 29 saying that the Avon program was to be terminated June 1st. There had been preliminary notices dating back to February. Instead of Avon the General discussed with me the possibility of putting a unit for the blind in a proposed rehabilitation center at Ft. Thomas, Kentucky. Thus one effect of the Advisory Committee report was the re-invigoration of the blind center idea. And with one foot in the Foundation and the other in the Veterans Administration I was asked to assist in planning it.

Opposition to the center continued strong, however, both inside the VA and outside. A strong argument used at high levels was the comparatively small size of the blinded veteran group. This would be especially convincing, someone said, "with generals accustomed to thinking in millions."

On the subject of numbers a dialog was reported between General Bradley and Baynard Kendrick in which Kendrick told the General about this objection saying, "It looks like we'll have to blind some more so we'll have a group large enough to handle."

The General very blandly took off his glasses and said, "I have less than 5/200; I'm one."

In actual fact it was only the relatively small size of the group which made it possible to give the kind of personal rehabilitation training which was required. This was easily made clear to General Hawley, who without the slightest hesitation committed himself to a center program of 50 (or less) a year to be admitted 9 at a time for 16 weeks.

Another argument advanced against the center is poignant indeed in retrospect; namely, that there would be no more war. And it is sad to realize that the Hines Center was barely ready for the Korean War Blind. A significant concomitant of this point of view was an ignorance of history, which accompanied a technical excellence of some kind in engineering or medicine.

The Advisory Committee's idea of a "coordinator of blinded veterans affairs" might well affect anything to be attempted in behalf of blinded veterans, and doubtless what his opinion might be should have been considered, but in the Fall of 1946 it did not seem at all likely there would be such an individual. If some of the old and new school in the VA did not like the center idea much, they regarded the apparition of the coordinator as Sinbad did the Old Man of the Sea. It was in fact a Lilliputian version of a much larger idea with respect to the Chief Medical Director, to be espoused by Dr. Magnuson, and ultimately to result in his being driven out of the organization. In the light of opposition which was to develop against Hawley's successor being "boss medicine man", it is not

surprising that opposition to a coordinator of blinded veterans was immediate and vituperative.

Though not thinking in terms of a coordinator of blinded veterans affairs for the entire organization, General Hawley had adopted the principle of a “supervisor of the blind” inside the Department of Medicine and Surgery and, following the revelation of the Advisory Committee’s report, I became a sort of stand-in for this individual to come, while working part-time at the American Foundation for the Blind. This was one of several times in my life when I have been under the embarrassment of composing letters, answering letters I have also composed, in each case, over someone else’s signature.

It disturbed Dr. Irwin that I did not have the privilege of signing my own name to most of the letters I wrote in Washington. However, it seemed to me then, and it seems to me now, not important for a consultant to sign his own name. He can only feel he is getting somewhere as the humble preceptor of a great agency if those who run it sign their names to the consensus and doctrines which it is his job to bring into the counsels of government. And his job description is like that written by Bagehot for the British monarch: to know, encourage and warn.

My experience as a writer of dialog in fiction was helpful when it came to writing classic theory of work for the blind in the style of physicians and generals. However, it sometimes led to expectations which did not materialize when two correspondents met face to face to find that they did not understand each other as well as they thought they had.

The year ended with one of my many ghostings for Dr. Covalt written as the medical answer to the Advisory Committee Report, which included a center, whether it was favored outside the Dept. of Medicine and Surgery or not. The ophthalmologists continued to be strong for this concept, and in the stir caused by the Advisory Committee report, Dr. Greear moved into a position with good possibilities for leverage in its behalf. To forestall the idea of a coordinator, a central office committee on the blind was hastily mustered, and he was made its chairman. But we were still 18 months away from the opening of the center.

“Supererogation”

In January, Hoover was once again offered the job of running the blind program in the Dept. of Medicine and Surgery and once again declined. Several others declined. At this point I began to think further action by me in Washington was in the category described as acts of “supererogation” by the Thirty-Nine Articles of Faith – “voluntary works, over and above God’s commandments, and cannot be taught without arrogancy.” Yet I also had an unpleasant awareness of people rather relishing the Government’s difficulties and standing back to watch it squirm.

This attitude was certainly not evidenced by Hoover, however . . . In an effort to help me close out my activities and pass them on to someone else he met with Russell Williams and me at the Maryland School for the Blind on February 2nd, 1947 and the minutes of this all-day discussion are among a number of such papers out of which this program was ultimately developed. The ideas set down were vigorous, but crude, compared with the tested and true practices and principles which ultimately emerged and governed the Hines program, as reflected by Williams in *BLINDNESS* 1967. To make the comparison wins me over in retrospect toward the acid tests we were put to, and the improvements we were forced to make in our plans.

Nevertheless, from the beginning an idea pervaded our counsels which was to become the very essence of the center. This was the importance of quality in the personnel directly associated with the blinded veterans, that the apex of what we were attempting was not an individual in a key position in Washington, but the mobility instructor (and others on his level) in direct contact with the blinded veteran. Of architecture we spoke hardly at all, of equipment comparatively little. But the importance of people, and, more than that, what kinds of traits we sought in them, began and ended every discussion of plans and money.

In February I delivered our plan to my supervisors in VA, and also went to Avon for discussions of closing out. I have said I never shared enthusiasm for its continuation. It had never represented the War Blind Program for me, the heart of which I had always thought was at Valley Forge. Avon up to a certain point had even opposed Hoover's cane technique, and I did not like discussions I heard of how the enlisted staff was chosen or managed. Moreover, I had seen the generation before me in work for the blind over-preoccupied with architecture, which had sometimes beggared their programs, and also committed them to obsolete practices because buildings were invested in them. For my taste Avon was too large, too handsome, too medieval. I had in mind rather the temporary in architecture which would house something not temporary in spirit. Over Avon I differed with Father Carroll who had been there much of the time when I was at Valley Forge. Eventually we both realized that when I said Valley Forge, he thought of Avon, and when he said Avon, I thought of Valley Forge, but we were conjuring up an idea which was not too far apart. In a discussion many years later we decided that our basic difference was that he wanted to start with the psyche and reach the body in due course, but I wanted to start with the body and reach the psyche only if necessary.

In the late Winter and Spring of 1947 Father Carroll and other members of the Advisory Committee were busy persuading Generals Bradley and Hawley to adopt their idea of a coordinator of blinded veterans affairs. To this a counter-suggestion was made that they choose anyone they liked to occupy the position I had in the Dept. of Medicine and Surgery, which was to supplant my temporary consultant role. On this subject, however, they were split, and I find a note in my diary on March 18, saying, "The War Blind Service and its relics were never more askew. I am chiefly concerned now to get to my editing."

And so I was and did the next day, finding New York lively in work for the blind, due to the stimulation of Hector Chevigny who had just published a roasting of us workers for the blind in "My Eyes Have a Cold Nose." He then submitted to a counter-roasting by the Greater Council of Social Agencies for the Blind. Others who enriched the atmosphere were such people as Mrs. Mary Dranga Campbell, Mrs. Hathaway, Dr. Lowenfeld, Alfred Allen, and, of course, Miss Gruber. All and sundry ran the VA problem through their experience, each sowing seeds of wisdom according to his kind. Having been so-much involved in it, even in New York with interesting work, it was difficult to loose myself from pre-occupation with it. With this, Dr. Irwin was beginning to grow genuinely irritated, and the irritation came to the surface when Dr. Greear asked me back to a VA central office committee meeting on the blind designed to break the stalemate.

I find the following note in my diary on April 2nd: "I had an altercation with Dr. Irwin touching on the pushing of the VA program and at end of the conversation, I said Hopkins Hospital needed a mobility instructor. He said why didn't I go be it? So I was chewing on this at a lunch we went to when Helen Keller sent for me to say she felt my mind working in the *Outlook* and I was truly international. To this Dr. Irwin listened glumly, but it turned the tide, so I won't have to quit the Foundation yet."

Dr. Irwin's fundamental social work point of view made it difficult for him to support the idea of a center whole-heartedly. In this connection, he was gracious enough to say my life was worth something, and he didn't want to see it wasted.

With a slight change of heart he encouraged me to accept when the VA asked me to represent them in making a presentation to the Blinded Veterans Association Board on April 9th. This was the first time I was to encounter this group in such a role, though most of the Board I had known in the service, and had given mobility instruction to several. At this meeting it was quite apparent to me that they represented a very constructive point of view, especially toward the idea of the establishment of a VA center. And as it turned out, it was a comparatively short time before they were able to speak for themselves in a way which made the Citizen's Advisory Committee unnecessary. But not yet.

In fact, at the end of April, Father Carroll was so outdone not about the center, but about the VA's failure to espouse the coordinator idea, that he appealed to the Surgeon General of the Army to reconvene the committee to address themselves to veterans problems from that vantage. The closing of Avon was imminent, and nothing in sight to take its place, though efforts were under way in the Dept. of Medicine and Surgery to set up a program at Framingham, Mass. — perhaps with the hope of placating Father Carroll by putting it near him.

Then those who opposed the center put a new cloud in the sky by consulting the Bureau of the Budget, which on May 16th raised the question of whether VA had authority to operate a center in view of President Roosevelt's directive giving the responsibility for social adjustment of blinded service men to the Army.

Two quite effective people made short work of this threat. Dr. Covalt set in motion a request for Presidential action in the matter. And President Harry Truman signed an order transferring responsibility to the VA on May 31st (in Independence, Missouri, where he was attending his mother's funeral).

This should have been enough to make the most inveterate shilly-shallyer shame-faced. But there were still people both inside VA and out who were opposed to the way the tide was turning. One was Mr. O. W. Clarke, Deputy Administrator, an excellent public official, who had survived the Bradley-Hawley reorganization. He was the kind of anchor man who saves princes from being taken in by plausible scally-wags who impose on their royal generosity. Another was Mr. H. V. Stirling, Director of VA Vocational Rehabilitation and Training.

June 1st I was told that Colonel Greear's Central Office Committee on the Blind had never been "formalized", that action was under way to formalize it, but someone else was to be chairman, because he "was reluctant to serve." I relayed this rumor of "reluctance" to him; he took exception to it, and went to General Hawley on the subject, retaining the chairmanship.

Diversionsary Action

At this point came an innocent diversionsary action by some of our oldest and most cherished friends, as well as one who was to be a great friend of blind programs in time to come. One of the old friends was Dr. Alan Woods, who now advanced a plan to develop a center combined of veterans and civilians under Federal Security. And the new friend was Miss Mary Switzer of the Federal Security whom General Hawley advised me I "must never sell short", asking me to explore Dr. Woods' plan with her.

Dr. Woods was Professor of Ophthalmology at Johns Hopkins Hospital, one day to be Dick Hoover's chief, and was widely known as "*The Professor*" in ophthalmological circles. He had been one of the medical officers at Evergreen, the installation at which World War I veterans had been rehabilitated. Like Dr. Cushing he had been a child around Dr. William Osler, and was not small in anything, could always be counted on to improve whatever situation he dealt with, though sometimes spreading consternation by innovating inside the framework of another man's innovation.

"He dominates any situation of which he is a part," I was told by Dr. Randolph.

The epic sweep of Dr. Woods' Federal Security plan had considerable fascination and almost won the day; indeed all of us would have gone along with it willingly if Dr. Woods had been able to pull off the union of the elements outside his own sphere of influence. But at that date even he was not equal to the blending of the various forces he attempted to involve.

Dr. Irwin liked to keep an open mind, but he had invested his honor on a lifetime basis in preventing the institutionalization of blind people, and it became increasingly clear that it went against the grain with him to back any sort of program which might become a home for blind people. He told me he would, without the slightest compunction, oppose the combination suggested by Dr. Woods, but, though it was against his better judgment, he would not hinder efforts to establish a center for veterans. Even toward this his cooperation, though substantial at times, was always unenthusiastic.

Dr. Woods knew at first hand the problem of dealing with what he always called "The Veterans' Bureau".

"I have had my fingers burned and my seat warmed," he told me during one of our discussions.

He then went on to say that he thought the only hope was in pursuing a course outside the VA, and the idea of mixing civilians and veterans seemed healthy. But in actual fact it only served the officials around our generals as an excuse for further delay while locations and facilities were explored. Inside VA objections to any center were rife, and on June 4, General Hawley suspended action on the proposed center at Framingham until Dr. Woods' plan could be explored. The next day Dr. Covalt forwarded to him a request for a re-affirmation of his approval of a center. This the Acting Director for Administration characteristically presented to the General without approval; another loyal servant keeping his employer from being the victim of his own princely nature.

Those with princely natures, however, were growing a little tired of being saved from themselves. June 20, Mr. Stirling proposed to General Hawley that the social rehabilitation of blinded veterans be accomplished by contractual services with private agencies. General Hawley did not concur except to agree to this on an interim basis. I was asked to meet with Federal Security planners and went with them to Valley Forge to explore the possibilities of a multi-agency program there, without much difficulty drawing up a plan which might well have worked, if the Army had not been eager to be relieved of the responsibility for operating any part of a program for blinded service men. On July 28, Dr. Greear saw General Bradley and subscribed to Dr. Woods' proposal, if it could be brought to pass without delay. But on August 4th, I got a note from Dr. E. H. Cushing of the kind written in the heat of battle: It said, "FSA has given up plan for blind at Valley Forge. This is to alert you re-establishing a blind center." He added that General Hawley wanted it at Hines Hospital.

This was the first time the Hines location had been considered. I afterwards heard that the Army had shown its eagerness to get free of a program for the blind by presenting a cost estimate totaling \$250,000.

The “Coordinator” Idea

Particulars of subsequent developments are found in a memo I wrote to myself on August 10th:

“The 10th, Pete Salmon, acting as chairman of General Bradley’s Advisory Committee during Dr. Irwin’s absence in Europe, called up to say they had met with General Bradley about the coordinator job. He said there seemed nobody to recommend as special advisor or director of the blind in the VA but me and would I agree to have my name suggested? I asked for time, found out other names were to be proposed, discussed the matter with family about four hours, came to no conclusion, talked with Pete again. He urged me not to say no to him, but if I must to VA. I agreed finally to this. The 11th, Father Carroll called up to say he thought I was not aggressive enough for the job and had so advised Generals Bradley and Hawley. I thanked him for his frankness and told him I had no hard feeling about his having done this. I also talked with Pete Salmon again, and he decided to radio Dr. Irwin at sea, suggesting a year’s leave of absence for me. Dr. Irwin telephoned from the ship he was ‘radioing a satisfactory reply.’ ”

I seriously doubted that this plan would materialize. However, I was on vacation and used part of it for the first trip I was to make to Hines Hospital. The Generals had committed themselves to the center, as well as the coordinator idea in their conversation with the Advisory Committee. Medical was ready to move, whether or not the coordinator idea materialized, and whether or not I was asked to take the job and have responsibility for getting the center under way in that role. Three weeks went by, however, during which neither I nor anyone else was asked to take the job.

The atmosphere around Father Carroll had grown increasingly electric, and in this atmosphere the Blinded Veterans Association met in Chicago. There Father Carroll made a speech, of which (it is a thousand pities) no copy is extant. It was a “candle-book-and-bell” denunciation of the Veterans Administration. It hit the papers, and the VA was treated more roughly in print than it had at any time since the reorganization.

General Hawley had had his fill. His action as described in a memo to myself was as follows:

September 10, 1947

Yesterday at two meetings in Washington, General Hawley more or less badgered me into taking on the job of coordinator of blinded Veterans’ affairs for the whole of the Veterans Administration. My papers will still have to pass civil service. When General Hawley told me, in his opinion, I should take the job — I told him that as near as I could tell it was always Mr. Stirling who caused trouble when there was trouble. General Hawley said he had some influence outside the department and would use it. I said I thought I should see the man I was to work for. The General said: “Christ, you’re getting particular. I’ll arrange the interview.” At the second interview there was first talk of the kind of coordinator needed. Duties outlined were substantially those previously outlined.

A serious catch in all this was that my position was to be set up in the Vocational Rehabilitation and Training Service, but I was to be allowed full authority in getting the center going under the Dept. of Medicine and Surgery.

I recall that when he turned to this whole subject, after the opening pleasantries, General Hawley had before him a clipping describing Father Carroll's strictures, and said, "I see Father Carroll says the man at the top of VA is all right, and the men at the bottom are all right, but in between something is terribly, terribly wrong, and I guess that means you and me, doesn't it, Mr. Stirling?"

I was not reassured by Mr. Stirling's reaction to this, which was far from rueful, rather inscrutable, and not unexpected. However, he made the concessions which the General exacted, at least for the time being and on the surface.

I was not simple enough to suppose that General Hawley's influence would not be needed, and this note by Dr. Covalt's executive was significant:

September 10, 1947

Re the appointment of a top coordinator for the blind in Sterling's office: General Hawley had already recommended Bledsoe's appointment to the job. Fable of Clark's office had sent it back, suggesting that it await the return of General Bradley. Hawley called Clark, told him it couldn't wait, and got his okay to go ahead. Then he called Stirling, got his okay of Bledsoe's appointment to the job. Stirling is coming over here this afternoon and will meet with Hawley and Bledsoe.

This was a prelude to administrative anfractuosity beyond description, starting with tortuous difficulties drafting and redrafting an order implementing the coordinator idea, followed by further difficulties over a job description, since the position was to be set up in the Vocational Rehabilitation Service. I was sworn into the existing unfilled supervisor of the blind job in the Department of Medicine and Surgery in October, because this seemed the most rapid way of putting me where I could get the Hines program under way. But weeks of parleying and delay went by.

Dr. Irwin had given me a somewhat quarrelsome blessing beginning, "It is not convenient to arrange for this leave, as I feel the magazine will suffer during your absence. However, we at the Foundation are deeply interested in the success of the VA program for the blind . . ."

From him and others I had more than a little encouragement to abandon so difficult an agency. It was in this climate that we began the groundwork of the Hines Center. With negotiations of my status in the hands of Department of Medicine and Surgery personnel, I did what I could. But it was extremely difficult to recruit personnel until work for the blind knew the agency had made good its promise with respect to my coordinator status, which had become a kind shibboleth to a part of the field.

Both Father Carroll and Lloyd Greenwood of the BVA wrote letters saying they would be willing to make public statements of confidence in my ability to straighten out the VA problem. But General Hawley, Dr. Greear and I were not at all sanguine that such was the case until we saw the actuality. There loomed ahead a very serious threat to such hopes. Both Generals Bradley and Hawley had been promised that they would be relieved of their assignments in the VA after the reorganization. General Bradley was slated to go December 31st, and it was rumored that General Hawley would also be gone. Then the rumor was confirmed. Men with similar philosophies were supposed to take their places, but this was not completely reassuring. Other men of the new regime were resigning to go out of the Government, one of whom was Dr. Covalt.

With all the above in mind early in December I wrote a heart-to-heart memorandum to General Hawley which gave the story as I saw it.

This memorandum spared neither myself nor anyone else. It named names, and it finished by asking that copies of it be sent to those it named. It began by giving an account of the accomplishments thus far on the Hines Center; that a building had been put in readiness to receive trainees; equipment was in process of procurement; seven positions set up; recruiting had resulted in the availability of suitable personnel.

But, my memo pointed out, people were not willing to resign from their jobs and move to Hines because work for the blind regarded the confirmation of my coordinator status as proof that the Veterans Administration intended for the center to be established and endure. I reviewed progress so far in this matter: the weeks of parleying between the personnel staffs of Medicine and Surgery and Vocational Rehabilitation; efforts of the latter to eliminate my responsibility for establishment of the center from my job description; their suggestion that the original proposed grade and salary be cut in half; my acceptance of this while refusing to give up an iota of authority promised.

In this exchange, I pointed out, I had said that for the year I was to serve I would do the job for subsistence, absurd though the proposition was. And I had added that I had already backed up such a point of view with action in the Army, preferring the rank and style of sergeant, though offered a spot commission, as the ophthalmological consultants to the Veterans Administration well knew, having themselves instigated the commission proposal.

My memo disclosed that, in answer to my response on salary, silence from the VA Vocational Rehabilitation has ensued; and no action, the last of a series of bureaucratic tricks, I thought, "to dishearten me, make me go away and leave the Veterans Administration in peace."

Earlier in my memo I had described the complete failure of high echelons in the VA Vocational Rehabilitation Department to communicate the Sept. 10 agreement to those levels in their service where the blind program was handled. I said that it seemed to me we were faced with a long delaying action designed to obstruct the blind center until General Bradley's successor took over, and that I was apprehensive that the new administrator would be faced with so many problems which seemed larger to him than the blind program that it would be weeks – and even months – before he became aware of its complexities.

My memo wound up by saying I realized General Hawley could not undertake to settle all the administrative difficulties I had outlined in the time remaining to him, but I was seeking his advice about how to proceed, asking for his continued assistance for blinded veterans, and particularly that he would make it possible for the problems related to the war-blinded to be laid before the new administrator as soon as possible. In my final paragraph, asking that the memo be circulated to those mentioned in it, I expressed my willingness to retract if I could be shown to have misinterpreted actions and attitudes.

I took this document to General Hawley myself and sat while he read it.

After pause to reflect he said, "Well, I'm awfully sorry."

And I never heard anyone say these words as though he were more truly sorry.

Then he said, "I could go to Mr. Stirling and say, 'Jesus Christ!' and 'God-damn it!' But it wouldn't do any good. Stay here in the Department of Medicine and get the center going."

Then he outlined strategy further. Next to my last paragraph in which I had suggested that all concerned be allowed to comment on my memos he wrote that he would hold that up until the new Administrator saw the document. This, it was already known, was General Carl R. Gray, Jr., and here it should be said that though Dr. Magnuson and other of our special friends were to have devastating difficulties with General Gray over other problems, the Hines Center was not one of them. General Hawley said he was putting my memorandum into a double sealed envelope and would personally interpret it to Gray, and I would get "an answer". At his retirement party early in January he held up the line to tell me he had not forgotten this.

The "answer" when it came was stunning and irresistible. I described it in a memo to myself as follows:

January 14, 1948

TO: Self

SUBJECT: Conversation with General Hawley.

I saw General Hawley this morning at 9:30 A.M. He said he was now a special assistant to Gray and had explained to Gray that the blind program required handling out of all proportion to the numbers involved, that Gray had asked him to handle it personally, which he had agreed to do. General Hawley said in order to do this he wanted to bring me under him directly. I asked to know how we would handle the individuals who were holding us up. The General said by directives and memorandums, he would go after them, that there was no use trying by one big fight to settle everything. Public Officials were artists at wriggling out on these occasions, the only way to get things was by keeping after them and after them, that this he would do, that he was to be associated with the VA indefinitely. I agreed to stick with the situation on these terms as long as he needed me. He asked me what especially was holding up the work at present and I mentioned the fact that Vocational Rehabilitation & Education had never agreed in writing to the functions given me orally in September. He said this would be taken care of by the arrangement mentioned above. He wanted to know how soon the center could begin to operate. I asked if he meant how soon personnel would be on the job and he said yes. I told him in a month. General Hawley said that although he could do as he pleased about all this, he would take all the arrangements we had discussed up with the Administrator. I also discussed money for equipment and the subject of qualifications of personnel. The former he seemed to think he would help me on, the latter he seemed to think was my responsibility.

Following another conversation with General Gray, General Hawley issued an order well calculated to mystify and alarm some of the people who had been frustrating our efforts.

DATE: January 14, 1948

TO: DEPUTY CHIEF MEDICAL DIRECTOR

FROM: SPECIAL ASSISTANT TO THE ADMINISTRATOR

SUBJ: Reassignment of Mr. C. W. Bledsoe

1. The Administrator has directed me to straighten out the difficulties which have been threatening the agreement made by General Bradley with the representatives of welfare organizations for the blind.
2. This memorandum, therefore, will relieve Mr. C. W. Bledsoe from further duty in the Department of Medicine and Surgery and will assign him to my office.
3. You will continue to furnish Mr. Bledsoe with office space and clerical assistance.

(signed) Paul Hawley

PAUL R. HAWLEY

With the Help of General Gray

Much or little might be made of the opposition which we were to encounter thereafter, but from then on we had only a few times of discouragement when I thought the idea of the center might be abandoned. The delaying party based its strategy on the eventual and inevitable preoccupation of General Hawley with other business, and their tactics surrounded the necessity to issue a technical bulletin announcing the activation of the center. Dr. Paul Magnuson had succeeded General Hawley as Chief Medical Director, and, as he described in "Ring the Night Bell" trouble was brewing between him and Gen. Gray, the new administrator. This was a medicine vs. business difference of gigantic proportions, fomented in part by brooders and watchers with a management point of view, smarting over the successes achieved despite their rules. Given their ideas of what was right, the blind center was fair game. They reckoned, however, without one factor which has often played into the hands of programs for the blind.

As Dr. Magnuson put it very plainly: "Carl Gray could not see. In one eye he had only a little lateral vision, and he had not been at the head of the Veterans Administration long before he developed a block of central vision in his other eye. He was unable to read a typewritten word. Once in a while I saw him get out a big magnifying glass and try to decipher a letter on his desk, but I never saw him finish one."

Like many adults who have serious visual loss, including Queen Victoria and H. L. Mecken, Gray put up an excellent bluff, and I did not know he had this much visual loss at the time. Undoubtedly General Hawley was aware of it, however, when he took my memorandum to Gray in a double sealed envelope, and, more than that, explained it to him. Indeed it may well have been one reason why he stayed on to help Gray with the problem of the blind center — (and supposedly other transitional difficulties, though I never saw evidence of any problem but mine in the office he kept in the VA for the next several months.)

At the time I attributed Gray's support of the center to a fairly pure altruism, which I believe in retrospect was genuine, though directed to the blind program by his own difficulties. He came of a wealthy family, which in the Baltimore of my childhood outdid everyone in sight for eccentric goodness. His brothers were irreproachable football heroes and his mother a sort of unordained Baptist preacher, who went in her private railway car to football games at Princeton, and fed the students so well from the galley they did not mind soft drinks. His father was a very steady, very generous railroad tycoon. The first time I ever visited a VA hospital was at the age of about 6 when one of Gray's football hero brothers and I got out of church by driving a whole Pierce Arrow full of primroses to Fort Howard. This was about 1919, but it left me with a feeling in 1949 that nothing too bad could happen with one of the Gray boys in charge — that if I had to go to General Gray, all would be well. The difficulties of Dr. Magnuson would indicate I was in a fool's paradise, but at least I relaxed and put my mind on the center. Nor did I worry too much about the technical bulletin, which I made as brief and to the point as possible.

General Hawley had said he would take care of money and authority for equipment, but I must handle personnel matters. This suited me very well, as I was convinced the key to success lay in the people who made up the center, and I was quite sure the indispensable man was Russ Williams, with whom I had been in parleys on the subject for a year.

The previous summer Russ and I had visited Col. Edwin Baker in Canada and spent a remarkable day in which Col. Baker answered 20 questions about how to run a blind center between 9 o'clock in the morning and 5 o'clock in the afternoon. I was the silent

secretary on this occasion, thinking Col. Baker could do a better job of showing possibilities to Williams than I could, and it seems quite likely that the United States owes something to Canada for his performance that day. However, in the meanwhile as with me, Uncle Sam's Government had appeared to play fast and loose with Williams. October 7, 1947, Williams' appointment was first requested by the Branch Office in charge of the Hines Center. By this time General Hawley had listened favorably to our views on having the right blind person as chief, but then came the long, trying difficulties over my status, which of course were not withheld from Williams.

Nevertheless, in November with some persuasion and urging from another blind colleague, Harry Sparr, Williams made up his mind, even in the face of the difficulties we were running through, and from that time on I was reasonably sure he would take the job. In fact, he began to steer me in recruiting, and in many other things.

The "Chief"

Without taking anything away from any of the people mentioned hitherto, it is safe to say that when the word center was finally applied to a program for the blind in the VA Department of Medicine and Surgery, it did not mean a place or a building, but a person, and the person was Russell Williams. It was to be both my duty and privilege to spend many hours thinking about him and his function in the VA program for the blind. Though I do not presume I have done what Hamlet called "plucking out the heart of his mystery", of one thing I am quite certain. Many people connected with the VA program for the blind may at one time or another have said to themselves with truth, "At this juncture or that, if I had not done such and such a thing, there would not have been this or that for blinded veterans." But if Russ had not been the person he was, there would have been no Federal program for the War Blinded worthy of the name after 1949. Seldom has the likeability of a man so kindly and astutely devoted itself to wheedling fellow human beings away from foolishness of various kinds. A sort of moral wizardry with which he is endowed was to be the fundamental stuff out of which the Hines program was to be made.

We expected everything of him, and he knew it by the following formula, written for the personnel office:

December 17, 1947

Chief, Physical Medicine Rehabilitation of the Blind, Hines Hospital

The Chief of Physical Medicine Rehabilitation of the Blind at Hines Hospital will have charge of the key operation in the training program offered blinded veterans by the Veterans Administration. He is in immediate charge of a staff of seven of whom he is one, all of whom are assigned to Hines Hospital. The importance of his position and of the training operation is not to be measured by its size in relation to other programs in the Veterans Administration, inasmuch as the small number of blinded veterans is one of the major peculiarities of the group. It should be stressed that insofar as there is an operating unit for training blinded veterans inside the Veterans Administration, the unit at Hines will be that unit, and whoever is responsible for the training there will likewise be responsible for the training of all blinded veterans who wish to receive training from the Department of Medicine and Surgery of the Veterans Administration. This, in the normal course, will draw blinded veterans from all parts of the United States, from many different hospitals and Regional Offices. The Chief of Physical Medicine Rehabilitation for the Blinded at Hines Hospital will be responsible for the training of these men, for everything that happens to them from their arrival to their departure, for actually putting into effect all that we know, and all that is subsequently discovered with regard to this type of social adjustment.

The Chief will have two major concerns. The first is for the attitude of each individual blinded veteran at Hines. The second is for the attitudes of the group. It will be necessary for

him to regard as a subject of great interest each veteran from the moment when he comes within the definition of blindness until the day he dies, because the evaluation of the performance of the center and its effectiveness can only be made in terms of the successes and failures of men who pass through it.

With regard to admittances to the center, he must take heavy responsibility, as it will be necessary that the patient group at Hines be a selected one, and the effectiveness of the center is chiefly threatened by the danger that individuals unable to benefit from it will be admitted. Judging from data referred to Hines Hospital from all parts of the country, it will be the responsibility of the chief to make the final decision with regard to whether or not an individual should be admitted.

Discipline will lie with the Chief of Physical Medicine Rehabilitation of the Blind. This is a function which above all requires the management of a specialist in the field, preferably one who is himself blind. A strict routine and rigid adherence to standard cannot be imposed by the customary authorities. One of the great problems in dealing with a group of blind individuals is resisting the emotional pressure that the handicap brings in all but those conditioned over a long period of time. Under these circumstances disciplinary measures should be kept in the hands of the chief and rarely referred to higher authorities. Blinded individuals often present a defiant hysteria when under pressure to conform to certain patterns of the sighted world. It takes practice for an individual to learn how to deal with this.

The BVA's Blessing

I had never seen any reason not to put full confidence in the blinded veterans and was rewarded in my efforts by a morale building letter from their President, Jack Brady, as I embarked on my fresh assault on the program directly under General Hawley. He said:

January 12, 1948

Dear Warren:

I did not have an opportunity to say thanks for the information given to Lloyd and me during our meeting Saturday.

As I indicated at that time, I think you are following the only sensible course of action at this time. Your penetrating analysis of the situation clearly indicates the inadvisability of taking half measures which, in a short time, would lead to the complete collapse of the entire program.

Beginning with Maurice Tynan and running through the succession of key men, it has been found that attempts at conciliation of their views with those of the old guard have resulted in disaster for the program. There is no reason to believe that half measures now will lead to anything more than capitulation to the old guard who want no program at all.

I hope it is possible for us to keep in close touch with the developing situation either in New York or Washington. In the meantime, if you have any ideas on how we can assist your sincere efforts, please command us.

Sincerely yours,

s/ John F. Brady

The Peopling of the Center

Russ Williams' transfer from Valley Forge was completed February 13, 1948, and he reported the 20th. I went out immediately afterwards. General Hawley was on his first

vacation in a long time, but Mrs. Marion Elliott, his secretary, kept an ear to the ground, and Dr. Greear made himself available to defend the central office position if necessary. I took the precaution of leaving with him a memorandum giving background on fresh objections to the activation of the center which Mr. Stirling's office had raised, and Col. Greear took the precaution of seeing General Gray immediately to reinforce our viewpoint.

I had almost a superstition that Russ and I needed one other individual beside ourselves to set off gossip in the field that the program really was going into effect. And since we expected to make a break with tradition in nearly everything we did, I had no hesitation in bringing in one old-timer from the field, for an anchor man, especially since I knew he had an enormous capacity for adaptability. This was Stafford Chiles, at the time manual training teacher at the Maryland School for the Blind. He was to be the second staff member recruited after Williams went there.

At Hines began a time which was, if not idyllic, at least very close to it. It was at this point Russ Williams and I got to know Dr. Carroll, the manager of the hospital, and Mr. Kane, his executive officer, and to appreciate the possibilities of the VA resources under such influence.

On the whole the two generals had been generous with the Old Regime in the Veterans Administration, understanding quite well that many of the evils of the organization were evils of institution life as time goes on, as well as the difficulties of the home front during a war. This had not held them back from sweeping reorganization, but it often saved both the feelings and the usefulness of some of the old guard, who of course knew a thing or two both about administration and survival.

One such individual was Mr. John Kane, on whom Dr. Carroll relied heavily. These two worthy gentlemen — and “worthy” and “gentleman” are the words for both of them — offered in their management of themselves and each other a model of productivity and decorum. Russell Williams and I had many conversations with them, and we both admired and were entertained by the habit each had of finishing a description of a situation by saying, “Isn’t that right, Dr. Carroll or Mr. Kane?” To this the reply was: “Yes that’s right.”

It is doubtful if Dr. Carroll ever had to point out to anyone from Washington that he was in charge of Hines Hospital. He was so plainly in charge of it. It was easy to accept, as were the kind, firm ingenuities of Mr. Kane, whom you never had to press for any reasonable action, and who could lead you out of your misconceptions as gently as an old shepherd who had known many black sheep.

A very excellent example of Mr. Kane’s functioning occurred one day when a young executive officer interrupted one of our conversations to enter and report, “I got permission to cremate that body.”

Mr. Kane took from his hands a telegram with the “permission” and looked at it carefully.

Then very mildly he said, “Oh, no! She doesn’t say cremate the body. She just says, ‘Send the ashes home!’ You’re going to have to send another telegram.”

With Mr. Kane you never felt such interposition was foolish bureaucracy; rather it was based not only on long experience, but on intuition about how situations were likely to develop. From the beginning he seemed to recognize that under Russell Williams the

“Blind Center”, as he always called it (and I never tried to change this) would be a going concern. His alacrity, both in large and small matters, was one of the major reasons that the program was indeed a success.

An illustration of how he functioned was his response and action one day when I called to say that two workmen, without “by your leave” had come and removed the drinking fountain from the “Blind Center”. I added, “And Mr. Kane, when you take away the Spring from a village. . .”

He interrupted, “You close that village. That’s a mistake. I’ll have it put back.” Which he did within 15 minutes.

For a few brief weeks, attached to General Hawley, we had a highly privileged administrative chain of authority at the service of the blind program, and suspended upon it, the center was hoisted into position. However, to start with, just to make sure of its strength, like an old magician in a fairy tale, Mr. Kane sent me on a test mission to central office to get approval on a supply order, “Signed by the Administrator, the Chief Medical Director, or General Hawley”. In Washington, I learned this was strictly against policy, which of course Mr. Kane knew. Nevertheless, General Hawley had the telegram signed by the Administrator, and even sent me to check on it at each stage of its passage out of the building, to make sure it got past the “palace guard”, whose duty it was to prevent such end runs.

A letter I wrote to Russ Williams, but for some reason did not send, raises the curtain on the accomplishment of this mission.

March 9, 1948

Dear Russ:

I was in General Hawley’s office waiting for him when he got back, looking sun-burned and announcing he was now a civilian. I made an appointment to be sent for later. By the time this message arrived, Miss Gruber had also arrived, so I took her along to wait outside and be asked in. I went in first by myself, gave him my report on what you are doing. This pleased him. I don’t think he expected your unit could have gotten so much done in so short a time. We discussed Supply Money and the Advisory Committee. I asked to be sent back to Hines after our immediate difficulties are solved. Of this he approved. He poked his head out of the office for some purpose, saw Miss Gruber, I told him who she was and he asked her in. Then we all discussed the general situation much the same as we all have for the past three years, and the General seems to look at it all much the same as we do. He said most emphatically he thought I must stay with the organization; I had done everything humanly possible, and he would defend my reputation. I said I did not much fancy my reputation any more; what we needed was to get the program going properly. Miss Gruber thought him a great show, especially his voice, which is rusty as an old hinge, and also several oaths which escaped him while speaking of the way things go. He said among other things that he had great sympathy for anyone trying to do his job; he stuck it out himself for two years.

This letter which was not finished brings back a recollection of what General Hawley was like at his confidence building best. It was at this point that he was about to go to his next job, which was to head up Blue Shield. However, he made arrangements for his influence to be exerted through Dr. Greear, and implemented through Dr. H. A. Press, a new special assistant to the incoming Chief Medical Director (Dr. Magnuson). Dr. Press immediately found opposition to my efforts was no bugaboo. During the first week he had to block an effort to delay my return to Hines. Delay was attempted by further parleys about my status, as shown in the following memorandum to an official in the Department:

March 15, 1948

Departure for VA Hospital, Hines, Illinois

Funds have been made available for the purchase of equipment at the Blind Center, and a telegram over the Administrator's signature has given permission for emergency purchase of equipment. A technical bulletin announcing its opening is in the office of the Administrator. No additional immediate actions are required in Central Office, and it is most desirable that I go out to Hines to take advantage of these conditions. Your last word to me was a request that I stay here until my status was cleared and also that I make a chronological report of the development of this status. This last I have done. Would like your approval of my going to Hines.

I have my orders and can go at once, if it is not discourteous to your wishes. I understand General Hawley gave Dr. Press his views on my status today. I talked with Dr. Press and he was of the opinion that anything which I need say further could be written, that the deputy chief medical director understands I am to leave for Hines at once.

C. W. Bledsoe

The "chronological account" of my status had been a brief of my long December memo to General Hawley. I wrote one more, even briefer, for Dr. Magnuson in May. But I had ceased to be interested in the subject and was firmly resolved at the end of my year's service to resign, whether or not the center had been established. But at Hines, it was beginning to look as though we were entering the stretch, as shown in the following letter I wrote to Dr. Greear:

March 24, 1948

Arriving here last Tuesday (five days ago) I discovered that the telegram regarding supplies which was sent out over the Administrator's signature had had the desired effect and the hospital was in a considerable state of activity to get our program under way and had practically everything ordered that was needed. A corrective therapist (in physical education) had been assigned to Russ, and was receiving instruction blindfolded. Others are available for emergencies, and we are to start working on them this week. Word was left that the Manager was willing to talk about giving us more space, and after a conversation concerning this matter, we have taken over another building, which is to be fitted up like the one we are in. This will give ample space for whatever after thoughts we have, plus the additional needs that have come up since last August. Chief of these was a large interior uncluttered which Russ has found is useful for orientation.

It is my opinion that we are now all right on everything but the tech bulletin, over which those who oppose the center may make their last stand to keep it from opening. Originally it was approved by the Administrator's office without much ado. When I talked to Mr. Fable again (Mr. Fable is an assistant to General Gray) he told me it was necessary for the bulletin to be sent to the Solicitor's office. Mr. Fable said we would know the answer last Monday, he would tell Mrs. Elliott, she would tell me. As I say, I haven't heard yet. My feelings are mingled, as this gives us a little more time to get ready, but I am afraid the bulletin may have hit a new snarl among those lawyers.

Dr. Newman

At Hines, beside Dr. Carroll and Mr. Kane, our ideas had found another important friend. This was Dr. Luis Newman, Chief of Physical Medicine and Rehabilitation, who joined that band of people who could say, "But for me, there would have been no blind program at Hines." In fact, he might well have a prior claim to deanship. Though at Central Office I reported to General Hawley — and in his absence was more or less on my own — Russ's boss was Dr. Newman. We were fortunate to find him as intelligent and innovative as we could ask.

Early in the game he showed his stature by yielding gracefully to an all-important principle – that the center should have a staff of its own with total responsibility for the rehabilitation aspects of the program. Dr. Newman and Williams were able in this connection to work out a formula dealing with the most difficult question in work for the blind defining item by item what is the general's job and what the specialist's. Lesser souls would never have accomplished the task at all, and it was not done in a day. In a large general hospital many first-rate services, such as internal medicine and dental treatment, offered no problem. But when it came to the "therapies" under physical medicine and rehabilitation, both Williams and Dr. Newman had to teach themselves and other members of the staff a good deal.

Immediately the question of special mobility instructors of the blind presented a most delicate question. The new speciality – corrective therapy – looked on it as something which belonged in the province they were developing. But there was no doubt in Russ's mind or mine that mobility was the foundation of the program. He liked the corrective therapists he met, especially the Chief, Carl Purcell. The backbone of Purcell's staff had been part of an élite corps of overseas physical reconditioners, which has been famous under Dr. Stinchcomb in the Army during the war. They appeared to have just the qualifications of common sense and durability for which we were looking. But not part time. We had spent hours and hours telling about the kind of people who made good mobility instructors, and of one thing we were sure: it was full-time job.

The winning over of Carl Purcell to this idea, which meant giving up some of his best men, was accomplished by Williams, using his own brand of mesmerism, which I never tried to dissect.

Head-Shaking Over Mobility

Then (and now) there was (and is) head-shaking over our pinning the whole project on mobility. If the concept of mobility is narrow, they would be justified. But in actual fact we never saw mobility as the mere journeying of blind people from spot to spot, but as all the action which is necessary to carry on life without sight. At its best, the teaching of it fans out into learning all kinds of simple or complicated skills by other-than-visual means, depending on the capacity of instructor and trainee. One of the major problems with respect to it has been, and continues to be, extricating it from the category of a mysterious black art and putting it on common sense basis.

Hoover's long, *light* cane was as revolutionary as the long bow, which Sir Winston Churchill has pointed out, produced a human archetype – the yeoman, who was made the kind of man he was by profession. Hoover's cane, and the method by which it was taught, required that the individual using it show the world that he is blind. To teach a person the technique means conditioning him to this. It does not require – it *demands* – a thorough-going and diplomatic kind of teaching, for which a perfect blend of kindness, steadiness and common sense is not too much. It cannot be done badly; if done badly, the trainee, his family, the agency for the blind and society abandon the whole thing, pretend it doesn't and couldn't exist.

Pierre Villey wrote of people "to whom intuition reveals what blindness is. They know without being told, that in order to oblige a blind man, they must not always act for him, but, without any affectation, help him to take as large a share as he can in the common action, so that he may have the satisfaction of doing things with others and like others and even in his turn, for others. Their attention, though vigilant, does not weigh on him, so natural is it, and so discreet. They guess instinctively what is difficult for the blind."

I once read this to a blind friend, who, after hearing it, asked me where there were any people like that.

The mobility instructor at best reaches this ideal. A field which tends to misanthropic from long dealings with hard realities has great need for sporting and unchurlish human beings — of the kind who by their very presence dispel morbid preoccupations.

The sprouting of our mobility program was described in a letter I wrote to Dr. Greear on April 7, 1948:

Last week we spent screening personnel for orientors. The Corrective Therapy Division sent us twelve men, all, or nearly all, of whom had degrees from mid-Western colleges in physical education, and some of whom have had as much as four years' experience with the handicapped. It looked like the best timber we had been offered since the Valley Forge bunch, though none of them had had special experience with the blind. For about two weeks we had one on trial getting instruction in our special methods, and he is learning very fast. When last week I wrote, I was trying to get requirements extended to take these men for our program. This has now been done. As a result of our week of screening we have chosen five to be on our program and feel happy about the group. Taking them from the Corrective Therapy Division has been a slightly ticklish proceeding, as taking personnel from anyone is. However, as of this date, we are still on speaking terms with the Division.

Miss Gruber is here and has been an enormous help in everything, especially our conversations with the Manager, Chief of Physical Medicine and Clinical Director.

The "Oh?" Stuff

As a result of her encounter with General Hawley, Miss Gruber had been made a consultant to the Veterans Administration, which made it possible for her to spend most of that Spring at Hines, helping us train personnel when they were hired, as well as screen them. We examined each for at least four hours. I would give a simple mobility lesson and then ask for it to be given back to me. Miss Gruber, who was interested in nondirective counseling at the time, would listen pleasantly for an hour, when there was a pause giving what we called the "Oh? Stuff". This was simply an "Oh", with an inflection which carried both a questioning tone and a slight exclamation, after which the interlocutor usually felt impelled to say more. (At one time you could tell which hospitals she had visited by the way the people with whom she had talked had adopted this habit.) At that time it worked very well as a mechanism to elicit information. Our third interviewer, Stafford (called "Charlie") Chiles had an opposite method. He talked at the interviewee until he felt impelled to say something startling, and would often blurt out what we needed to know. Williams, smooth and kind, then went for a long walk with the interviewee, giving pointers on guiding and finding out how readily they were taken up.

These procedures were accompanied by many, many hours of conversation about what kind of people we wanted, and how close the men we interviewed were to meeting our requirements. There is no doubt about it. A high level of gossip is a very important adjunct to that element of bureaucracy which is known as "personnel".

One of Miss Gruber's never-to-be-forgotten services to the Blind Center was to win the devotion of a key member of Dr. Carroll's retinue. This was the hostess and chaperone at the Guest House, Mrs. Manning, the widow of General Guy Manning, whom General Hawley had lured away from mourning with the position at Hines. She served dreadful anisette, but she had some of the attributes of the Delphic oracle and some of the Empress Eugénie, was a shrewd judge of which families of patients should be eased on

their way, and for which she should steal food from the mess hall and dip into her own purse for the honor of the Republic. All consultants could have stayed at the Guest House, but not so very many did, and I think our group may have been a welcome change from the company of patients' families, who were as a rule nervous and worried. We kept Mrs. Manning's dark secret, the frequent pregnancies of her cats, whose presence in the Guest House was against regulations. At one point we assisted in thwarting a dastardly plot to transport a whole kitten caboodle to the furnace room by helping to transport them to the safe haven of the SPCA. And in return we heard from Mrs. Manning the proper management of a fair number of the staff of the hospital, as well as those it was useless to try to manage.

Sometimes we listened spellbound to her pronouncements, a sample of which was her reaction to hearing that a certain public official had mentioned his Mayflower ancestry at a Congressional hearing. She said: "Why the man is a fool! Had I sprung full blown from the thigh of Jupiter, I would never have told the Congress about it". It is impossible to estimate the value of learning the ways of a place such as Hines Hospital from military royalty with the wit to make such an observation.

During this period the antics of the obstructionists in Washington who were debating over the tech bulletin played into our hands, since we were able to use all the time they gave us to do some of the seemingly impossible things which we had been sent out to do: starting with two empty buildings, the size of four Army barracks, create a prevocational training center and train a staff of 9 to do the job.

Along with my description of personnel action, I gave Dr. Greear the following account of other progress:

April 7, 1948

"The construction and supply people are going vent á terre with regard to the other building we have taken over. I can hear their hammers hammering like mad. The enclosed drawing will show you our gains in lebensraum. Building 148 is the new building. It will be painted and lighted like 147.

Equipment has begun to come in. The entire shipment from the American Foundation for the Blind is here. This consists of special gadgets and appliances. Nearly everything we need is ordered and delivery has been agreed upon within ten days from now.

Our shop man Chiles is turning out fine, as he did at the Maryland School for the Blind, has taken over his end, plus custodial care of everything.

A combination secretary and typing teacher has been engaged and will report here next Monday. By that time we hope to have the orientors (mobility instructors) on deck and Miss Gruber, Russ and I will center down for several weeks to give the entire crew training in everything.

Our special concern right now is shaping up proper practices regarding admissions, as this is to be handled here and a lot of people will try to get in who shouldn't. Both about this and discharging men who will not participate, there is considerable fear here that topside support will not be firm when the chips are down. The program will not succeed if a strong policy is not maintained.

By this time Dr. Cushing had made Dick Hoover one of our consultants and more of our doings are described in a letter I wrote to him in anticipation of a visit he was about to pay to Hines:

April 24, 1948

One of our most important policies out here with regard to the Blind Center is that of allowing no donations, no publicity (which we can possibly avoid) no visitors not having a personal acquaintance with trainees, except paid consultants of whom there are Dr. Greear, Miss Gruber, Harry Span and yourself. We have put these things plainly to anyone who has tried to thwart us. As things have turned out they all have reached the point nearly of letting us run our own show.

The tandem bicycles are here; the station wagon on its way, to come Tuesday, or if it doesn't, I will get on the phone to Washington. We have nice beds in the rooms, special lockers, upholstered chairs, bedside tables, all paid for by Uncle Sam, and the whole thing here has not yet cost more than half the \$30,000 originally asked for.

Trust all is going well with you in medical school.

The station wagon mentioned in the above letter was not of course for joy rides, but for rapid transit to spots where mobility problems could be worked out in a more natural setting than the unique topography of a gigantic hospital setting. The long hospital corridors were fine for beginners, in fact, I have sometimes thought as confidence-builders they have no counterpart. But any real accomplishment had to come in suburbs, town and city.

We also insisted on private rooms for each veteran. I slept in each to see what the drafts and noises were like, and we were able to make some improvements by sound-proofing.

For the \$20,000 quoted above we were able to get everything we could think of which made any sense – rather a strong contrast to the Army's \$250,000 estimate for remodeling and furnishing a center.

Mr. Kane's shrewd business management at this point was the old VA at its best.

Over personnel we did not intend to be temperate, asked for, and got, a staff of 9 for a patient load of nine. One of the reasons why we were able to accomplish this was the plan we instituted of having a mobility instructor in charge of the center 24 hours a day, 7 days a week, awake and alert. I had heard that the World War I blind program had come to an end when a blinded veteran had come in late one night and put his knife in another blinded veteran. To boot his victim was an individual he had mistaken for some one else. Whether legend or fact, it suggested possibilities sufficiently convincing to such knowledgeable people as Mr. Kane and Dr. Carroll.

As the veterans were not coming to Hines for what we called definitive medical treatment, but prevocational conditioning, the usual nursing service was not to be a part of our program, so our complement of personnel, did not exceed what was usual in a hospital to any extent, though it seemed high to agencies for the blind.

The original staff was to be as follows:

1 Chief – P-3	Salary	\$4149.60
2 Orientors P-2	"	3397.20
1 Shop Retraining Teacher P-2	"	3397.20
1 Advisement & Guidance Counselor P-2	"	3397.20

1 Braille Teacher P-2	Salary	3397.20
1 Combination Typing Teacher and Secretary	"	3397.20

We thought at the time we were fairly generous with salaries and, in view of what could be bought for their dollars, we were able to secure the kind of people we wanted for what we offered.

One other staff member began to pre-occupy us in view of experience we had had in other institutions. This was a janitor, who we knew could have a lot of influence, good or bad, on the environment. It was a difficult struggle to get one assigned to use full-time, and Mr. Kane made me fight this one out with the head janitor myself, but eventually the right man was brought into the fold and indoctrinated by Miss Gruber, who learned the names of his children, and sent them presents on their birthdays.

Succeeding janitors followed this man’s tradition, and one was supposed to have been heard saying to a blinded veteran: “Pay attention to those *oreos* (orientors). They’re your friends!”

Harry Sparr

Our fourth consultant (in addition to Dick Hoover, Dr. Greear and Miss Gruber) was Harry Sparr, who had persuaded Russ Williams to take the job, just as Peter Salmon had me. Harry advised us on all the industrial aspects of our program, which he came out and checked for us. As an old hand in work for the blind, we counted on him to question some of our ideas and he did. In the give and take I found he had what I regard as the greatest qualification for work in the field – one of the best dispositions I had ever encountered. Once when he was scoffing at our preoccupation with cane using, someone left a heavy pail of water in his way by accident. I am sure many blind individuals encountering such an obstacle under those circumstances would have shown signs of suspicion that he was the victim of an object lesson, but it never seemed to cross Harry’s mind that anything had occurred except an accident, which was the case. He, Chiles and later John McCauley of the Federal Security Agency got the center off to a good start in an area wholly outside my competence and even Russ’s. This was manual arts therapy.

The skill which was to bring Russ into direct contact with blinded veterans was the classic one, which many people at the present time appear to think is beneath them. This was braille, which I asked him to teach, in order that it be identified with him and that the environment be favorable toward its use. Several years later when a survey was made which compared positive attitudes toward braille among veterans who had been at various hospitals, the Hines group were way out front. But this was quite a few braille hours ahead of the Spring of 1948.

Last Ditch

We were due for a final battle before the center could be opened for blinded veterans. As expected the last ditch objections to it came just as General Hawley closed his office. I got the following note from his secretary, Mrs. Elliott:

April 21, 1948

“On the Tech Bulletin for the Blind. As you may or may not know, the thing was sent to the Solicitor, who took many weeks to render a decision; he took exception to the memo and

said it was illegal and dumped it back in the lap of Russ Dean.” (This was the executive assistant to the Chief of Physical Medicine and Rehabilitation.) “I talked to Russ this morning and he said a decision will have to be made top side as to what is going to be done. He is disgusted as you and I are, but the Solicitor seems to be adamant.

“I am indeed sorry that I couldn’t pry the TB loose long before this time, but it has been a long hard fight. Russ is doing his very best on it, but thinks it will have to be re-written, given to Magnuson and let him fight it out with the Solicitor and the Administrator. You might suggest to your friends who are interested in this program get in touch with Magnuson and Gray about the hold-up — that might help a good deal.”

But we now had a new, a quite different kind of “friend who was interested”. This was Dr. Carroll, to whom I immediately carried the above letter, and whose action I described in a letter to Miss Gruber.

May 5, 1948

“When I talked with you on the telephone, Dr. Carroll was back from Washington, but had not let me know it yet, as I presume he wanted a chance to get settled back in the saddle before getting into such an interview. I saw him on Thursday morning, and this is what he told me.

“He did not talk to Magnuson at all so far as I know and made no mention of talking to him concerning the blind center. However, it was the first subject that came up when he talked to Mr. Adkins.” (This was Dr. Magnuson’s executive director) Dr. Press was called in and later he (Dr. Carroll) talked with Dr. Freer.” (The deputy chief medical director, who was to become a great friend of the center.) “As promised Dr. Carroll put it to them: did they or didn’t they want a blind center? As usual he got just so far with it. The bulletin was gotten out and even rewritten in a great hurry to include just World War II service connected veterans. Then in the presence of Dr. Freer a debate began about whether the center was really a medical responsibility. Dr. Carroll brought this up with a start by saying whether or not it was a medical responsibility they had already spent some \$20,000 on it and furthermore he would be agreeable to a special arrangement for the center to be located here, not as a medical responsibility. But the best he could get was a promise that Dr. Press would try to get the bulletin through in its present form. I think Dr. Carroll did all and more than we could hope for, and he was inclined to think he had been successful, largely because of the money that had been spent on the program. If he, as one of the best VA regulars has not succeeded, Russ and I do not think the matter should be pressed any further and neither of us intend to rouse the citizenry. I told Dr. Carroll this and he agreed that the best thing to do was to stay here and try to get the center in shape, leave the tech bulletin to its fate.”

It was a great experience for Russ and me to have Dr. Carroll throw his weight behind our hopes in this way and confirmed our admiration for him. I think, though I will never know, that the fate of the center was decided on this day. Our stalwart friend Dr. Green also had his guns in action. He wrote:

May 5, 1948

“I talked with Dr. Press today. He tells me that the technical bulletin should be completed in the next few days and this should give you the ‘greenlight’.”

He wrote again on May 15th:

I have talked with Dr. Press twice by telephone, since writing you. He sent me a copy of the latest revision of the Technical Bulletin which he assured me he was sending on to you. It looks as though this should clear the way in so far as the program at Hines is concerned.

With kindest regards, and all good wishes, I am,

Sincerely yours,
Jim Greear

At Hines we were working very hard training the mobility instructors, with hours and hours of work under a blindfold and talk about it afterwards. Knowing how much they had to learn, we were able to make use of the delay.

The Tech Bulletin At Last

The technical bulletin, which carried the date May 20, 1948, said the following:

TECHNICAL BULLETIN 10A – 140, May 20, 1948

BASIC AND REMEDIAL ADJUSTMENT TRAINING CENTER FOR BLINDED VETERANS AT VA HOSPITAL, HINES, ILLINOIS

1. A basic and remedial adjustment training center for veterans with service-connected blindness, requiring hospitalization for treatment thereof, or a condition flowing therefrom, is being placed in operation at this time at VA Hospital, Hines, Illinois. The purpose of the training to be given at this center is to prevent the development of further physical or mental disorders which may arise as the result of blindness. The center will be open to eligible blinded veterans from any branch area.
2. It is anticipated that veterans who will derive particular benefit from this program will be:
 - a. Those who suffer loss of sight subsequent to discharge from the armed forces but whose loss of sight is determined to be service-connected.
 - b. Those who have received adjustment training before discharge from the service, but at a time when they were not ready to obtain maximum benefit from it.
 - c. Those who received adjustment training in the service for less than total blindness, but whose subsequent loss of sight has made necessary a new adjustment to lowered vision or total blindness.
3. Pending the issue of detailed instructions to the field and in order to facilitate the initiation of this program, Managers of hospitals, regional offices, and centers will submit names of applicants directly to the Manager at the VA Hospital, Hines, Illinois, who is authorized to make final determination with regard to admission of veterans so referred. The Manager, VA Hospital, Hines, Illinois, will issue travel orders, necessary meal, lodging, and transportation request through the hospitals, regional offices, and centers for those applicants selected for admission to the blind center.

Travel orders, meal, and lodging requests will also be furnished by the Manager, VA Hospital, Hines, Illinois, for necessary attendant travel with a blinded veteran when such attendant travel is specifically authorized by the hospital, regional office, or center.
4. The contents of this technical bulletin should be brought to the attention of all concerned with affairs of blinded veterans, including social service workers and members of vocational rehabilitation staff responsible for the training and advisement of blinded veterans.

By direction of the Administrator:

O. W. CLARK
Executive Assistant Administrator

Dated four days later, the following letter served to alleviate any lingering doubts about support for the center in at least one quarter:

May 24, 1948

General Carl R. Gray, Administrator of Veterans Affairs
Veterans Administration Central Office
Washington, D. C.

Dear General Gray:

On August 8, 1947, the Executive Committee of the Civilian Advisory Committee on the Program for the Blind met with General Omar N. Bradley in his office for a further discus-

sion of two primary recommendations of the Executive Committee. General Paul Hawley and Mr. H. V. Sterling represented the Administration. Dr. James N. Greear, Jr., was present in his capacity as chairman of the Central Office Committee.

The two questions under consideration were; first, the opening of a facility for the social-adjustment and pre-vocational training of the blinded veteran and, second, the appointment of a coordinator of the program for the blind.

General Bradley agreed to establish the suggested training center at the Hines, Illinois, hospital; and, in response to a question put to him by the Administrator, General Hawley guessed that the facility would be ready within four to six weeks.

You may recall that, when our executive director, Mr. Lloyd Greenwood, and the writer visited you on February 20, 1948, in the early part of our conversation, you expressed impatience with the delay in opening the training center, and indicated that the facility could be expected to be opened within a few days.

Nearly ten months have passed since the Administrator authorized the opening of the facility. We appreciate that the physical preparations, the tooling and equipping, and the training of the necessary staff, required time. After many delays, all preliminary work has been completed, and the facility has been ready to receive its first trainees for some weeks now. We understand that the actual opening is now delayed, pending the issuance by Central Office of the Technical Bulletin needed for the guidance of the regional offices' personnel who will initiate applications for admittance. It appears that this Technical Bulletin is entangled with "red tape" somewhere in Central Office.

We would appreciate your personal inquiry into this situation to see if there is something that can be done to expedite the opening of the Hines training center. There are a number of blinded veterans eager to obtain this training, and many more who will appreciate its benefits as soon as it can be presented to them. There is a growing feeling among blinded veterans that Veterans Administration, its commitment to the contrary, never intended to provide a training center, and only the early opening of the facility will allay this feeling.

During this August meeting, General Bradley also agreed to the appointment of a coordinator of the program for the blind, and he asked the Executive Committee to submit, for the consideration of Veterans Administration, the names of persons whom the Committee would recommend for the post. The question of whether the coordinator would function under Medical or V. R. and E. was discussed and left open for a later decision by the Administrator. Subsequently, the requested names were submitted and an appointment made. However, the coordinator never functioned as such, and the title itself has since been dropped. The need for coordination to pull the program together has, nevertheless, remained.

The writer would appreciate an appointment for the purpose of discussing these matters with you, not as a member of a committee, but in his capacity as president of this organization. We have been patient, realizing, in so large an organization as Veterans Administration, that new operations are not activated over-night. However, so much time has now passed, that we feel justified in calling these matters to your personal attention.

Thanking you for the courteous interest and consideration you have shown in the past, I am

Respectfully yours,

John F. Brady
President

First Blinded Veteran Admitted

On July 4, 1948, the first blinded veteran patient was admitted to the Hines Center. I remember very little about this except that he was kept waiting an eternity in the

Registrar's Office, and I think I had a temper tantrum, for which Russ Williams administered first-aid. The first patient was Naron Ferguson, and it was our great good fortune that he turned out to be a man with a disposition second to none, which helped to set in motion the positive vibrations I had hoped for. In August I gave the following account of the opening weeks in a letter to General Hawley:

Blind Rehabilitation Center
Unit #2
Veterans Administration Hospital
Hines, Illinois

August 12, 1948

General Paul R. Hawley
Blue Cross Commission
18 Division St.
Chicago, Illinois

Dear General Hawley:

Miss Gruber and I were sorry not to see you before she left for the East. We both have thought you were entitled to some account of the use to which we have put the talents you placed in our hands. I am writing to give you this.

The Administrator's telegram concerning supplies which you had sent out was most helpful. We had the bulk of our equipment by July 1st. Now we have even the smallest items. This same telegram, although it did not mention personnel problems, gave encouragement to the personnel section to let us have what we needed. The technical bulletin announcing the opening of the Center was slow coming through, but finally came out May 20th. This, as it happened, was by no means too late, as we were still engaged in training staff. Between this and our screening processes it took another six weeks before we were able to take our first patient on July 6th. We have since then admitted two more. There is a steady trickle of applications, mostly from hospitals, but a number of these are n.p. patients or in other categories not suitable for this program. We have been firm about turning these down, as panic to build up the patient load to strength could easily undo all our efforts up to now.

As it has turned out, it is fortunate we did not have nine patients to begin with, as our five orientation instructors, for all the blindfolded training we gave them, and despite their long experience with other severe disabilities, are new to this problem.

Russ Williams, the blinded veteran who is chief of the Center, Miss Gruber and I have spent a great deal of time with these instructors individually. This has been not only for the purpose of teaching them definite procedures and practices, but to try to help them get conditioned to the work emotionally. Intimate contact with blind people results in strong attractions to the work, which suddenly gives away to strong aversions. One factor which causes this is the slow pace at which much training must be done, during which time the seeing instructor must stand by giving just so much help and no more, which results in a build-up of unconscious hostility. Our seeing instructors here, being a very active, handpicked group, have had this as their major problem, I think. However, they have adjusted to it and are now on the road to doing something for blind people in the way of physical training, which has never been done before. A training program for the blind needs the powerful amount of energy such men as these have to give.

Just lately I have begun to notice the environment here growing into what we had hoped for. It is the calm place, in which there is activity, but not uproars, where the men have time to stop and figure things out. The three patients we have are each affected by it. The two who have been here over a month are making real noticeable progress, working hard on braille and other skills, and they also seem happy. Entertainment has been kept to a

minimum, and most nights the men are tired and want to go to bed. They get up at 6:30, begin training at 8:15. There has been no such thing up to now as declining to attend classes.

I do not know anyone anywhere who can top Russ Williams for doing exactly what is expected of him or influencing people as he ought to influence them. I have thought from the beginning that the most you and Miss Gruber and Dr. Carroll and the rest of us can do is put into his hands the power to do what he knows how to do for the blinded veterans. The incredibly hard thing with blind people is to offer what is available in a way in which it is acceptable. Even the best aids are turned down every day because of the inward bitterness which makes any kindly overture an opportunity to express frustration. Many discerning people noticed in Russ from the first a disarming goodness which the other men at Valley Forge and Avon felt and which made them take whatever he offered. In my opinion and Miss Gruber's, he is the most valuable asset the Government has in offering rehabilitation to blinded veterans. Dr. Carroll and the other doctors here seemed to see this at once, and from the first have given him freedom to use his talents in developing the program. Miss Gruber and I have deferred to his unfailing common sense at all points, and the program is really his program.

I have had many anxious times since we came out here because at best such a service as this is extremely difficult to establish, and the standards at which we are aiming are rarely achieved. Because you gave me everything you could to work with (and it has amounted to a great deal) I have felt morally bound not to squander your influence and also to let you know honestly what the results are, good or bad. I am letting you know honestly, but to be perfectly honest, I am also choosing a morning to do it when things are going well and I feel good. The real proof of everything we are trying is still ahead, as the Center must weather the problems and pressures of patient loads and politics.

However, I feel the job of establishing it, which you asked me to do, is now done and I have decided I must insist on being separated from VA. I am enclosing a letter I have written to Dr. Magnuson explaining this.

I have made up my mind not to return to the American Foundation for the Blind, and it seems best to me that I use this opportunity to get my hand back in to the writing trade. It goes without saying that I will continue to be an interested spectator of what happens to the War Blind and will do what I can to help Russ. It seems important in the future that he have some support outside the Government from people who have no axe to grind, but want the service training of blinded veterans to be good. I hope you will continue to be one of these.

Sincerely,

Warren Bledsoe

Dinner with General Hawley

Shortly after writing this letter, I had dinner with General Hawley and wrote about it as follows to Miss Gruber:

Hines, Illinois
September 8, 1948

Dear Miss Gruber:

General Hawley arrived at Berghoff's at 6:31, being due at 6:30. He apologized for being late, had gone home and changed his clothes. He was looking trim and his laryngitis has abated. There was quite a little line in front of the restaurant and for a moment I quailed and suggested that we should go somewhere else. This he would not hear of, but after about ten minutes in line he was getting a bit impatient. But just then we got a table. He ordered beer with gusto, throughout the meal, was out for a good time, understood he was my guest and did not take over and run the show any more than a monarch would. It really was, as I

told you, just a couple of interested citizens getting together and we did not grind any axes of our own. I had a whole album of pictures there to show him, and he looked at these after supper. We ate the usual shrimp, butt steak, with cheese for desert.

I gave him the highlights of events of the past summer. I said I thought that quite a number of people would like to tear this program apart as soon as possible. He said flatly this must not be. I asked how it could be prevented apart from the fact that on its own merits it would endure. He said it could be prevented by his getting hold of Dr. Magnuson after he gets back from Europe the first of October. (This was the first I knew of Magnuson's being in Europe.) I told him Dr. Vail was going to a meeting about the Center next week in Washington. The General said he would talk with him and get him coached, tell him to "play his cards very close."

About filling the job in Central Office he was not too optimistic, said you would need either a "leg man" or a person with great influence who could make it felt with all the assistant administrators.

The General wants to bring Dr. Magnuson out here for a good concentrated visit at the Blind Center, that is a whole morning. He himself is on a fairly tight schedule with his Blue Shield activities. He said he was being taken around like a bear in a cage and he was going to put a stop to it, that as a show he would wear out. I doubted this and said so.

He talked quite a lot about medical problems from the angle of insurance, is bringing off some sort of large agreement at an impending medical conference at French Lick Springs in November.

Nevertheless, I think he will find a way somehow to draw the Center to Dr. Magnuson's attention.

This time I got a very strong impression of terrific force. I was with him three hours and worn out when the time was up I was tired. He made one remark which I thought very characteristic. He said, "I imagine these men who are blind out among sighted people get depressed." When he said "depressed", he said it as though it were something as far out of his experience as mortality is to the immortals. And yet he was trying to understand the feeling and appreciate what it means.

At nine thirty sharp he looked at his watch, said he got up at 6:30 and must leave. He was interested in my plans in so far as they affected my welfare.

In parting he asked me to keep in touch with him and let him know how things developed.

I am now within a day or two of leaving here and have a lot of things to do, but also know there are many things I would like to that someone else will have to pick up, and that they will. Russ in an entirely friendly way is, I think, just a little bit eager for me to go, so he can feel his hands alone on the reins. And this is what I wanted and it makes me feel good. I have just read this to Russ and he says Bledsoe is making up all kinds of excuses so he can sneak away. I have been happy in this environment since the major questions over when and how I would dispose of myself were decided. And I like to think the environment helped me to decide. I don't hesitate to recommend it to others.

With warmest wishes,

Warren Bledsoe

Epilogue

On September 17 my year with the VA was up and I resigned as I had originally intended. However, my connection with the VA was to go on for many years. Within less

than a month, I got a wheedling invitation to come to the office and give a little advice to the personnel office regarding the duties of mobility instructors. This was enticing bait. On arrival I discovered that I had been given back my old status as consultant. But for the most part, my adventures in the Veterans Administration for the next 10 years are another slice of life with different angles from the passage from Valley Forge to Hines.

Though it took many years, eventually I was washed out of the Veterans Administration. The surface reasons were economy, but all concerned were aware that when the organization settled down after the Bradley-Hawley shake-up, the intransigence which got the Hines Center going was uncomfortable to have around; in fact, painful for the men in charge to remember and a little out of date. Like the Czar Nicholas with whom they had something in common, their courtesy in saying goodbye was flawless. As a sign of my gratitude, I left them a parting gift in the form of a piece of advice to the new administrator during a terminal interview. He was under the impression that his high brass in the Department of Medicine and Surgery had mishandled my departure, and as this was a matter of opinion, I did not gainsay him. He then asked what on earth he should do to fill the gap he paid me the compliment of thinking would occur when I departed. I advised him to put Russ Williams in that spot. After endless delay, he did.

It was quite obvious that the old men in the Veterans Administration were doing me a favor in propelling me into fresh woods and pastures new. But I did not realize how much of a favor till I stepped over the doorsill of Miss Mary Switzer's office, and hearing her talk, was profoundly shocked by the respect she showed the American system by her total absence of fear — of the President, of Congress, of the people, especially of handicapped people.

The effort to get the Center going I look back on as something to be balanced against the same number of vigorous years writing fiction. It is a very special kind of experience for those who enjoy such writing to feel characters take on a life of their own which the reader sees somewhat as the author does. There was a similar, but much greater, thrill when the real people who made up the Hines Center, primed with a setting, some stage directions and some lines, took hold and played the game for keeps, improvising far better roles than I could have created, and giving a worthy pattern to a segment of American action. The pattern was as old as the Bible, the characters of which the staff of Hines somewhat resembled for simplicity, reality and durability. The names of the original group in the order of their appearance were:

Russell Williams, Stafford Chiles, Joseph Romanko, Edward Mees, Edward Thuis, Alfred Corbett, Stanley Suterko, Miss Loretta Goergen, Mrs. Genevieve Miller, John Malamazian, and Lawrence Blaha

In 1965 in Arlington Cemetery I was following General Hawley's funeral procession on foot when a snappy little chauffeur-driven town car swerved briefly, slowed up; its door opened and I was almost pulled in by Dr. Cushing's hand, which his famous uncle had said would be a "healing one."

"It's Paul Magnuson's car," he said, explaining the Middle Western panache, which did not match his Ivy League personality.

Dr. Magnuson, he went on to explain, was riding with the honorary pall-bearers.

The episode was a small slice of what my experience had been in the Veterans Administration, and the General's funeral a gathering of many of the people both of the

“old” and “new” VA, who had partaken of his wisdom and his good feeling when he was the chief medical director.

In the chapel the organ had played the air of, “Dear Lord and Father of mankind, forgive our foolish ways.”

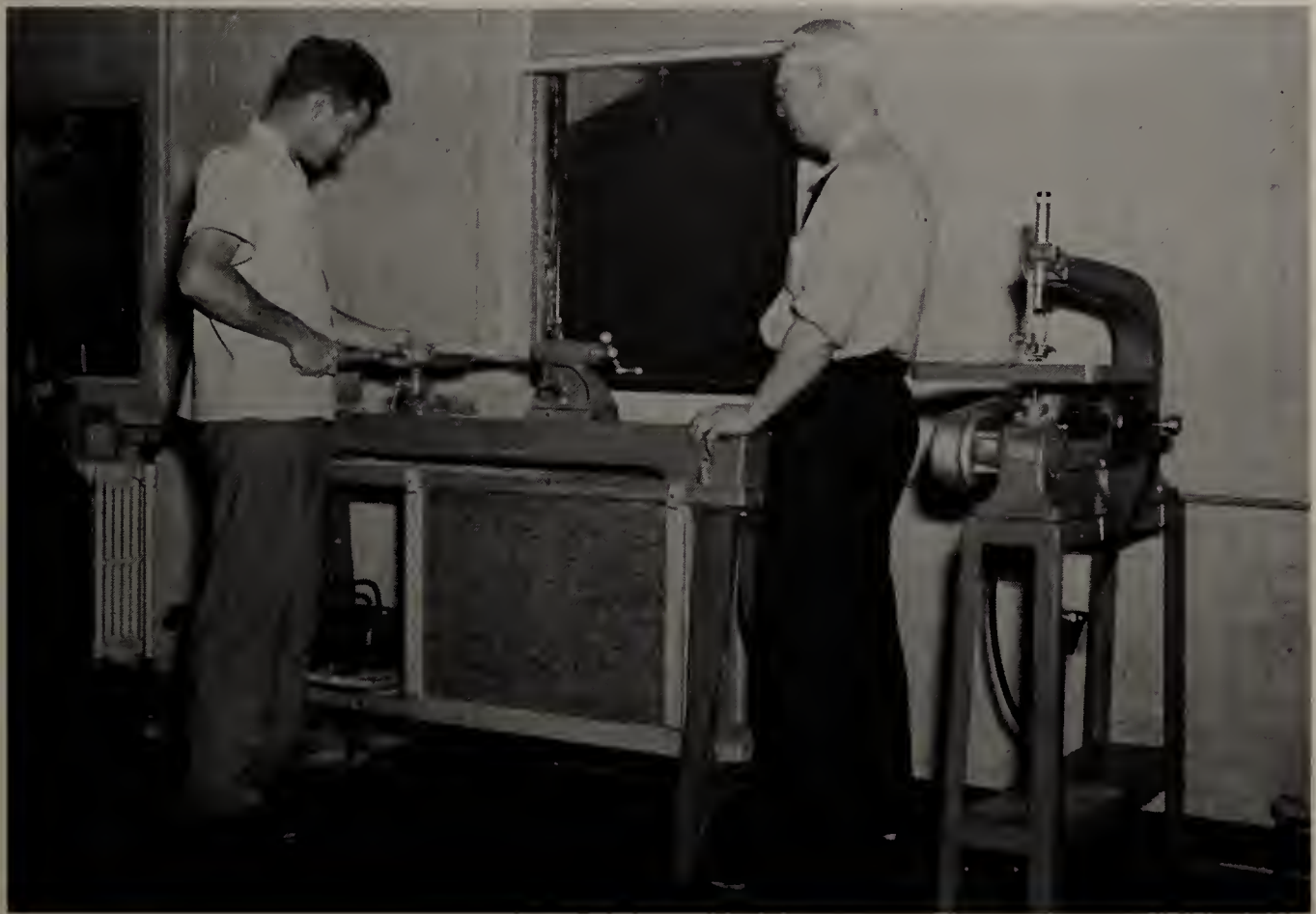
And there came to mind the General’s famous rusty voice saying to me, “I could go to Mr. Stirling and say, ‘Jesus Christ’ and ‘God damn it,’ but it wouldn’t do any good. Stay here in the Department of Medicine and Surgery and get the center going.”



Mobility Instructor Joseph Romanko gives instruction in golf to first blinded veteran trainee Naron Ferguson



Naron Ferguson, first trainee at the Hines Center with Russ Williams. Cartoons on the shelf show life at Valley Forge.



Naron Ferguson in the workshop of the Hines Center with Stafford Chiles (right).



Naron Ferguson breaking in the Hines tandem bicycle with Joseph Romanko, Mobility instructor.



Dr. Louis Newman with the first eight staff members employed at the Hines Center. Six are still in work for the blind; four at the center, having each spent 20 years in direct-contact work with the blind. First row, left to right: Stafford Chiles, Russell Williams (now VA Central Office Chief, Blind Rehabilitation), Dr. Newman, Edward Mees, Joseph Romanko. Back row, left to right: Edward Thuis, Loretta Goergen, Alfred Corbett, Stanley Suterko (now on the Mobility Graduate School Faculty of Western Michigan University). Now at Hines: Chiles, Thuis, Corbett and Suterko.



Workshop for prevocational conditioning at the Hines Center



A large, quiet enclosed room in which to begin mobility.



Inelegant and invaluable . . . the corridor bisecting the Hines Center. It connects with a network of such corridors incomparable for early training in mobility, and leading ultimately to the outer world. A training resource at both Valley Forge and Hines, it is an architectural advantage of longitudinal architecture, perhaps more useful than any structure ever designed for training blind people. Against the inroads of vertical architecture such corridors might well merit protection from a society for preservation of the truly functional.

CLIO'S BLIND DISCIPLES: PARKMAN, PRESCOTT AND THIERRY

By James J. Barnes

Homer was reputed to have been blind; Milton most assuredly was. The eighteenth-century English savant, Dr. Samuel Johnson, thought that there was nothing very unusual about blind poets but he could not imagine a blind historian. Several generations later, a graduate from Harvard University, *William Hickling Prescott*, set out to prove Dr. Johnson wrong.

Prescott was not totally blind, but he had no way of knowing how long his impaired vision would last. It had all been an accident during his Junior year at Harvard; one of those undergraduate pranks that had ended in sobering pain. A piece of hard bread, thrown at random, had hit him in the left eye. The complete loss of vision in this one eye did not prevent him from completing his work at Harvard, graduating successfully, and beginning the study of law. However, he had only been at his legal studies a few months when, in January, 1815, he took to bed with a severe inflammation of the right eye. The customary resort to bloodlettings and ointments was unavailing, leaving the right eye substantially damaged.

With insufficient vision by which to read except for brief periods each day, Prescott abandoned his legal career. But he knew he must do something else or stagnate for the rest of his life. He decided to become an author and eventually an historian. By the mid-1820's he was hard at work on a history of the reigns of Ferdinand and Isabella of Spain; a work which finally reached publication in 1837. It was a phenomenal success, and having begun with Spanish themes, he stuck with them. In the years to come he produced major works on the Spanish conquests of Mexico and Peru. He died in 1859, in the midst of a multi-volume study of Philip II.

Considerable prestige came to Prescott during his lifetime. His works were exceedingly popular, but there was more to them than that. Macaulay considered him the greatest living historian. Prescott was always convinced that he never could have achieved what he did if he had been completely blind. There were times when he could read clear print with his right eye for an hour or two a day; at other times for as much as four hours. There were also long periods when he dared not read for more than a half hour at a time, nor expose his eye to the sunlight of day or the candlelight of evening dinner parties. From the very outset he had got used to working with readers and research

Author's Note: In recent years the study of Prescott and Francis Parkman has been made infinitely easier by the labors of C. Harvey Gardiner and Wilbur R. Jacobs. I am especially indebted to Gardiner for his edition of Prescott's *Literary Memoranda* (2 vols; Norman, 1961) and to his edition of some of Prescott's *Papers* (Urbana, 1964). Jacobs has made an equally fine contribution to the understanding of Parkman by publishing his collected letters (2 vols; Norman, 1960). Finally, among the many sources consulted, I have been most grateful for an older selection of Prescott's letters, edited by Roger Wolcott (Cambridge, 1925).

assistants so that much of his research and writing was carried out as though he were blind.

Prescott had a considerable handicap to overcome but it was nothing like that of *Augustin Thierry*, a contemporary French historian. The French scholar was not only totally blind; he was also paralyzed from the waist down. Unlike Prescott, Thierry had been able to establish a modest reputation in literary circles before his sight began to fail. He was putting the finishing touches on his monumental study of the Norman conquest of England when the condition substantially worsened. A reader helped him complete the work, which turned out to be a striking success. For three more decades he helped set the standards for rigorous historical research, and died four years before Prescott. They never managed to meet one another, although they exchanged volumes of their own writings and carried on a desultory correspondence.

Oddly enough, there was yet another nineteenth-century historian who was nearly blind and who was to secure a reputation comparable to Prescott's and Thierry's. Nowadays, *Francis Parkman* is often best known for his book, *The Oregon Trail*. He had undertaken a trip West partly to spare his eyes from the strain of legal study and partly to satisfy his appetite for Indian lore and history. His travels along the Oregon trail gave him rare insight into Indian behavior, but the hardships of the journey contributed to the deterioration of his vision. Not long after his return from the West he gave up, with some relief, the study of law urged upon him by his father, and devoted the better part of two years serializing his travel narrative in the *Knickerbocker Magazine*. Since his poor eyesight largely prevented him from reading or writing, he had to dictate his magazine installments.

Like Prescott, Parkman's vision fluctuated over the years. Unlike Prescott, his visual disability helped to trigger a variety of physical and psychosomatic ailments which plagued him throughout his life. It took him nearly 20 years to come to terms with these various demons of the mind and body. Thereafter, for another quarter century, he composed volume after volume on the French and British colonization of North America during the sixteenth and seventeenth centuries. Born a generation after Prescott and Thierry, he outlived them by nearly 40 years, and yet resembled them very closely in the ways he wrote and did his research.

Perhaps it is idle to speculate about the relationship of blindness or near-blindness to the careers of these three renowned historians. Yet one cannot help wondering to what extent the visual handicap was a liability and to what extent an asset. Was there something about historical writing in the nineteenth century which lent itself to such blind practitioners? Would they have achieved a great deal more had they been normally sighted? Such questions may readily perplex and tantalize any modern historian.

One thing is certain. Parkman, Prescott and Thierry lacked virtually all of the techniques and technology associated with blindness today. Not only were there no tape recorders and dictating machines, but the braille form of reading and writing was unfamiliar to each of them. Though Louis Braille had perfected his system of raised dots it was either ignored or unknown to the three historians, who had to make do with other alternatives. Lacking typewriters, there were essentially two ways they could write: either by relying on the handwriting of sighted friends and readers or by using a special writing case for the blind. Parkman and Thierry preferred to dictate; Prescott to guide his hand along brass rods set into a frame, writing not with a pen but an ivory stylus upon carbon paper. The impression was transferred onto a piece of regular paper and Prescott's "hieroglyphics," as he liked to call his handwriting, still exists in abundance to plague the inquiring scholar.

The Loss of Privacy Endured by Blind Authors

The inability to write for oneself and then read it back was perhaps the greatest frustration common to the three men. It deprived them of their privacy. Prescott thought he could at least confide his candor to the pages of a diary by using his own writing device, the noctograph. Late in life, when the diminution of his sight made rereading his diary entries almost impossible, he despaired of continuing private entries. If worse came to worse, he, like the others, would have to rely on his memory alone.

Relying on others to transcribe one's writings did have its compensations, however. It forced these authors to plan their work in advance before committing it to paper. As Prescott mused to himself in his diary, "I can think in one place as well as another, and in company as well as alone . . . The matter must be fully ripened in my mind by four or five successive revisions before I put pen to paper. Every succeeding revision, it will grow clearer." Ten years later he noted, "Whenever I write — have reviewed in my mind the portion to be written three or four times previously — including once after breakfast and once after dinner — each time I go to work." Having to mull things over was conducive to the development of a good memory.

As Prescott put it, "The difficulty of recalling what has once escaped, of reverting to, or dwelling on the passages read aloud by another, compels the hearer to give undivided attention to the subject, and to impress it more forcibly on his own mind by subsequent and methodical reflection."

Memory and concentration were only effective if the historian had a competent reader. The situation could seem comically desperate at times, as with Parkman trying to work in one room while his recently born daughter competed for attention in another.

Go to work at consulting 1500 books in five different languages with the help of a schoolgirl who hardly knows English and you will find it a bore; add to this the infantile music in the next room and you will agree that my iniquities have as good a chance of being atoned for as yours.

It was bad enough to secure readers who could handle four or five languages; it was even harder to understand these languages when you read aloud. Prescott took the better part of a year summoning up enough courage to embark on his study of Spanish history. First he experimented with a French history and was pleased with the results. "This last French work was read to me as an experiment. And I am persuaded, from the facility with which I understood it, when read at the rate of 24 pages the hour, that I shall meet with no obstacle to the prosecution of my plan."

This was in January of 1827, and soon thereafter he was busy brushing up his Spanish, which was far less adequate than his French. Furthermore, his reader did not know Spanish, and Prescott was reluctant to procure another reader until he was certain he could manage the old Spanish materials. Years later he could still laugh at the ludicrous scene he and his reader must have made.

I taught him to pronounce the Castilian in a manner suited, I suspect, much more to my ear than to that of a Spaniard; and we began our wearisome journey through Mariana's noble history. . . . we pursued our slow and melancholy way over pages which afforded no glimmering of light to him, and from which the light came dimly struggling to me through a half intelligible vocabulary. But in a few weeks the light became stronger and I was cheered by the consciousness of my own improvement; and when we had toiled our way

through seven quartos, I found I could understand the books when read about two-thirds as fast as ordinary English. My reader's office required the more patience of the two. He had not even this result to cheer him in his labor.

Prescott eventually secured readers competent in various foreign languages and such assistance proved to be a great source of satisfaction.

I have gone over considerable ground . . . the last fortnight — thanks to my reader, who has led me blindfold through a course of Latin, Spanish, French, Italian, English authors — with as much accuracy, and nearly as much expedition, as if Sismondi's or Southey's eagle eyes were set in my head. I never felt more completely the superfluity of what would seem so indispensable for historical research, good eyesight — nor how habit will overcome all the impediments arising from a foreign language — I can comprehend, now, the above-mentioned as readily nearly as my own. Very much, however, depends upon the intelligence and right emphasis of the reader.

Good readers were hard to come by and even harder to retain. Prescott was particularly fortunate in securing, for the last 11 years of his life, the services of John Foster Kirk. After Prescott's death, Kirk went on to write a history of Charles the Bold, Duke of Burgundy, and to edit Lippincott's Magazine. Few readers were prepared to make a profession of it, and new readers invariably meant inexperience and delay to the historians. "Owing to my new reader's necessary want of familiarity with the previous ground," said Prescott, "I have been condemned to a snail's pace."

Even the best of readers could not compensate a blind man for everything. One could not easily scan a page, or as Prescott put it, "skip down the page with the ear." Nor could an historian like Prescott prevent his mind from wandering at times, even though he was paying a reader to read aloud. "Yesterday fell asleep while Kirk read it to me for the corrections; a good omen for my readers!"

Perhaps the most colorful of all the readers was Thierry's Armand Carrel. In the autumn of 1824, Thierry desperately needed an assistant to help him put the finishing touches to his *Conquest of England by the Normans*. Thierry's failing vision coincided with Carrel's need for employment, following a series of treason trials from which Carrel had narrowly escaped. He had left the French army the previous year and enlisted on the side of Republican forces in Spain. Forced eventually to surrender to French troops, he had been promised immunity from prosecution only to be jailed as soon as he returned to France. Once extricated from charges of treason, Carrel made his way to Paris and found employment with the progressively blinded Thierry.

It was a fortunate arrangement, for Carrel was a man of literary talent and Thierry was most anxious to complete his first major historical work. Carrel remained with Thierry for only six months, but was later to distinguish himself as one of the editors of the newspaper, *Nationale*, during the French Revolution of 1830. His hot temper and wounded pride led him into a fatal duel with another newspaper editor six years later.

Upon Carrel's death, a friend, Nisard, tried to give him a fitting eulogy. The effect was to threaten the scholarly reputation of Thierry. Nisard claimed that Carrel had been more than a mere reader for Thierry, that he had done much of the final research, had helped the blind historian write and revise the text, and deserved the title of co-worker as distinct from a literary assistant. Thierry finally managed to force a retraction from the eulogistic Nisard, but it pointed up a problem which any blind author might encounter from a somewhat incredulous public. Perhaps the reason Parkman and Prescott were

spared this suspicion was that each retained some slight vision throughout their lives. It was always hard for people to believe that a totally blind man could fare as well as a partially sighted one.

Parkman Alone Relied on Feminine Assistance

Parkman's readers have remained in greatest obscurity because some of them were women and not expected to achieve independent careers of their own. Of the three historians, Parkman was alone in employing feminine assistance. Prescott considered the possibility but abandoned it.

Once I remember I advertised and had a shower of applications by post, among them a lady who called herself widow with three children. I had a leaning toward her, but my wife said if I took any lady as a reader she would scratch her eyes out; so as I thought that would make two blind persons, instead of one, I gave it up. Yet Mr. Parkman, the historian of Pontiac, has found comfort, I believe, in a female reader.

Having to work closely with readers had its advantages and disadvantages. Readers were a source of companionship, but they also deprived a man of his privacy for hours on end. They would come to know a man in all his strengths and weaknesses. One of Prescott's greatest failings, for example, was a tendency toward procrastination. Occasionally he asked for the cooperation of his reader to help goad him on to productive scholarship. At such times he would promise to pay the reader a thousand dollars if he failed to complete 250 pages of writing in the course of a year. Being a frugal man, Prescott saw to it that he never had to forfeit the bond.

Prescott Worked to Achieve Orderliness

Perhaps the greatest non-reading function such readers performed was to furnish their blind task masters with a routine and schedule of orderly work habits. Knowing that a reader would show up at one's office day in and day out compelled these historians to plan their time, minimize pleasant but unnecessary diversions, and proceed in a methodical manner. The need to give a reader directions forced a man to decide where he was going and how he would get there. The historian's library became an essential part of this system, for he must know where his books were and how his documents were filed. Prescott expressed this dependence on orderliness shortly after he had moved into a new residence. He tried to organize his library into a number of specific categories but the different sizes of the books defied him.

I soon abandoned a philosophical arrangement according to subject, except on the most general principles — and let folios, quartos and octavos adjust themselves together — . . . the principle of arrangement matters little in a private library of four and five thousand vols. The great point is to have a particular place for each work, and to know where that place is. I shall master this by degrees, as I shall not change — and I trust I shall never have occasion to pull down and set up again.

Thierry's daily routine was typical of the highly structured lives which these blind historians led. It must have been frustrating to the other inhabitants of their households, but it was conducive to a good deal of hard and effective work. Thierry generally rose at 8 a.m. and spent the next two hours listening or dictating to a reader. At 10 he breakfasted, followed often by conferences with the archival researchers whom he supervised for the French Government. Since the midday meal was not till 3 p.m., he had

ample opportunity to carry on his work both before and after this main repast. Supper was about 8 and the hours from 9 to 11 were almost invariably reserved for receiving guests. Because of his frail health he terminated these affairs punctually and retired to bed, to prepare himself for another day of steady and concentrated work.

Working with books and readers in one's study is not hard to imagine, but how did such blind historians deal with materials in libraries and private homes scattered over the continents of Europe and North America? Strangely enough, the question never seemed to bother Parkman, Prescott or Thierry to any great extent. They did just as much as a sighted contemporary did and utilized the services of others. The American, George Bancroft, had full use of his eyes and had periodic occasions to be in Europe on official diplomatic business. Nevertheless he cajoled friends and hired assistants to locate books and manuscripts for him. At the end of his long life he figured he had spent about one hundred thousand dollars on such far flung acquisitions, above and beyond what he had examined personally while on his travels.

Thierry Collected and Edited Medieval Documents

Thierry, of course, was physically prevented from getting about, but during much of his life he was in charge of collecting and editing certain kinds of medieval documents. What was essentially a state-supported project provided him with the primary sources needed for his research and writing. Prescott might have travelled abroad more than he did but chose not to, partly because he feared damaging his remaining sight and partly because he preferred not to disrupt his congenial Massachusetts routine. In later life, Parkman did a good deal of foreign research, visiting Paris on at least four occasions. However, on such trips he arranged to work with a reader and spent most of his time reconnoitering the holdings of various archives. In the summer and autumn of 1872, for instance, he "engaged the active assistance of the custodian of the Archives de la Marine who directed the copying of more than ten thousand papers in his department."

Prescott followed the practice of the time and employed some of the American diplomatic personnel stationed abroad to seek out materials in their spare time. When one especially good contact gave out in Madrid, another assistant was arranged for in the form of a visiting German scholar. Prescott describes the new researcher to Washington Irving.

This person is a German, named Lembke, the author of a work on the early history of Spain This learned Theban happens to be in Madrid for the nonce, pursuing some investigations of his own, and he has taken charge of mine, like a true German, inspecting everything and selecting just what has reference to my subject. In this way he has been employed with four copyists since July, and has amassed a quantity of unpublished documents illustrative of the Mexican conquest, which, he writes me, will place the expedition in a new and authentic light.

At about the same time Prescott was opening up a most fruitful working relationship with a Spaniard, Don Pascual de Gayangos, who had reviewed Prescott's first historical work. Gayangos was a specialist in Spanish Arabic traditions who had travelled widely throughout Europe, and was relatively hard pressed, financially. The extent to which Prescott was grateful for what the Spaniard did may be judged by his apprehension of losing his researcher's services.

I should find it difficult to explore the *mare magnum* of the Archives du Royaume without the assistance of some such eyes and good will as yours. And where shall I find them? I must rest content, therefore, with what I have got,

unless indeed you should some day or other chance to wander over that part of the Continent and possibly find time to look into these *arcana* for me.

As it turned out, Gayangos did manage to do further work for Prescott, and along with many other researchers, swelled the historian's formidable collection of rare Spanish books and manuscripts.

In almost every respect, then, the three historians competed on an equal footing with the best of the sighted, and in some respects had the advantage. They were not tempted to spend weeks or months mechanically copying or searching out that which could just as well be done by others. They did not have to spend the endless hours of wasted effort, of pursuing promising leads which turned out to be dead ends. In effect, they purchased time which they badly needed, since their usual routines of readers and dictation were slow enough already.

Only very rarely did a paid research assistant take advantage of his employer's blindness. Benjamin Perley Poore earned Parkman's undying enmity, but it took Parkman many years to learn of his assistant's deception. Parkman might well have had second thoughts about employing Poore when the latter proposed a scheme to smuggle original documents out of Paris. Parkman emphatically declined that dubious suggestion and instead commissioned him to secure copies of five hundred pages of documents. Some money was paid down in advance and more was forthcoming later. In the meantime Parkman underwent one of his prolonged sieges of physical and mental breakdown, and was in no position to supervise Poore's work. Four years after the original agreement, Poore delivered up the results, and since Poore's reputation was still intact, Parkman had no reason to suspect him. Only later did he learn that three-fourths of Poore's copies were duplicates already copied and deposited in the Boston State House. Parkman eventually gave up trying to recover legal damages from Poore, and could only protect himself henceforth by leaving such financial transactions to his bankers.

Parkman's ability to absorb a loss of hundreds of dollars was evidence of his economic well-being. There is a Chinese proverb which applied equally well to Parkman and Prescott: "money makes a blind man see." Neither of them had to worry about money because of the independent incomes they derived from their families. Like Bancroft, each expended thousands of dollars on building up their private libraries, defraying the expenses of readers and copyists, and sending others to do their bidding. For them the limitations of blindness had been substantially reduced by judicious monetary outlays.

Thierry was something else again. Not only did he endure far more physical suffering than the others but he was demoralizingly poor. Though his published works earned him a considerable reputation, they brought in little money. He was almost wholly dependent throughout his historical career on one form or another of government stipend or private pension. In this respect he was a prisoner of circumstances and not sufficiently free to circumvent many of the limitations which blindness imposed. As far as one can judge, he was correspondingly too dependent upon his wife and friends to do much of that which money could buy. More than any of the other historians, he was a burden on others, representing the way most sighted people imagine a blind man to be.

There seems little doubt that Julie de Querangal consented to marry Thierry in 1831 partly in order to minister to the famous blind paralytic. Accounts differ as to the strength of their relationship above and beyond that felt between an invalid and his nurse. To one contemporary Julie was a woman who had linked "her life with a life of glory and of suffering." It was she who "quitted the vain pleasures of the world to devote herself

wholly to the noblest part in the drama of life that can be assigned to a woman, the part of a guardian angel . . .” Julie’s untimely death from cancer in 1844 lent tragedy to pathos. Who would look after the aging Thierry?

What, then, is one to make of the letter which Prescott received from a French historian, the Comte de Circourt, six months later?

Thierry is become a widower, and, what is more terrible to tell, is happy in being become so! His wife had been the bane, and the danger of his last years. He did not know the full extent of truth till that unhappy woman has been snatched from him by a short and violent illness. He begins slowly to recover from such a terrible shock. He is in the country, at Princess Belgiojoso’s house.

The Princess was one of those strikingly beautiful social lionesses who dominated the salons of nineteenth-century Paris. She had fled from Italy in 1830 following a revolution there, and had devoted her years in Paris to supporting the cause of Italian unification. She had also made a habit of lavishing her wealth, her hospitality and her charm on many of the leading authors and composers of the day: Chopin, List, Rossini, Heine, Hugo, Cousin and Dumas. Thierry had known her for many years and it was she who began to look after him shortly after Julie’s death. Thus it was that for the next few years he took up residence in the Princess’ town house in the winter, and accompanied her to the country in the summertime. The relationship could hardly have been other than a platonic one, but Thierry seems to have been thoroughly captivated by the sparkling Italian. Apparently she tired of her role and within a few years left Thierry in favor of continued diplomatic intrigue in behalf of her beloved Italy.

Thus, by 1848 Thierry was very much alone so far as feminine companionship went. He was thrown much more on his own devices and yet, curiously enough, he became, in the years to follow, much more of a productive scholar. Students and admirers flocked to his door, and it would seem as though he had become more self-reliant and less a prisoner to his infirmities and those who cared for him.

Prescott’s wife was noticeable for her anonymity. She never seemed to have been a part of his work-a-day routine, but to have fulfilled her wifely and motherly duties in a quiet, competent way. Only in the evening was Prescott accustomed to follow supper with a few chapters from Sir Walter Scott or Maria Edgeworth, read aloud to him by his wife. Susan Prescott outlived the husband she served with such unostentatious devotion, and perhaps their happy, orderly and prolonged marriage was one of the reasons Prescott’s psyche was so stable.

Parkman’s Wife Keen Critic of His Work

Parkman’s marriage ended after eight years with the death of his wife. She bore him three children and must have patiently borne a great deal of his manic-depression. To be sure he did manage to write his first formal work of history and his only novel during these years, but neither book was much of a success. His wife wrote many of his letters for him from dictation, but what was even more important, she could be a keen critic of his work. “I have just finished an introductory chapter on the Indian tribes, which my wife pronounces uncommonly stupid. Never mind, nobody need read it who don’t want to.” Such a mixture of pride in his wife and annoyance with her was an important part of their marriage. Parkman lost a very great deal when she died. No one else dared curb his insufferable egotism. He never married again, and when his children married and left home he continued to be looked after by his maiden sister. In a sense it was as though she

had foregone marriage in order to look after the family's inheritance and estate. In this case the estate took the form of the increasingly illustrious Parkman.

One of the seeming paradoxes about all three historians was their meticulous attention to detail. Why did they not avoid the rigors of precise scholarship where visual scrutiny played an important part, and take refuge instead in philosophical history, where the emphasis was on reasoning power rather than documentation? The temptation to be primarily speculative was present with each man from the outset, but eventually each became a master of detail. Parkman admitted that his methods of research and writing were "extremely slow and laborious." However, the process "was not without its advantages; and I am well convinced that the authorities have been even more minutely examined, more scrupulously collated, and more thoroughly digested, than they would have been under ordinary circumstances."

In his diary Prescott lamented that the preparation of the footnotes to a particular chapter had "eaten up a good bit of time." He had to acknowledge to himself that it was a "twaddling business" assembling all the references to sources, but at the same time he could not help taking pride in his labor. His distinguished American contemporary, George Bancroft, "saves his time – prodigiously – by making none at all – I will do my duty by the Introduction." A bit later he commented that his notes cost him "more work than my text." In frustration he added: "I have bothered a whole day for a reference." Ironically, contemporaries chided the sighted Bancroft for being so lax in his documentation and quietly wished Prescott had not been so formidable in his multi-lingual citations.

Since Thierry's livelihood depended in part on the collecting and editing of medieval documents, it was natural that he should exploit that form of history which relied heavily on original sources. Furthermore, all three men wrote at a time when vast quantities of unpublished materials were coming to light, following the chaotic decades of the French Revolution and Napoleon. It was also common practice for sighted and unsighted scholars alike to ask their professional acquaintances to look over a work prior to publication. The blind historians merely took added precautions by having their writing scrutinized not only by their usual reading assistants but also by several competent outsiders. In their determination to prove themselves competent scholars they were not going to court sympathy or condescension by having errors politely excused away as due to their visual handicap.

The process was not without its frustrations. In writing to a close friend, Parkman could be perfectly candid.

I find it seriously no easy job to accomplish all the details of dates, citations, notes et. cet. without the use of eyes. Prescott could see a little – confound him he could even look over his proofs, but I am no better off than an owl in the sunlight. The ugliest job of the whole is getting up a map.

Parkman was the person best fitted to draw up a map of former Indian settlements and battles, but it had to be done on a very large scale, inch by inch, and then reduced by a sighted assistant to normal page size.

Frustrating as these techniques were, they worked. As long as these men had confidence in themselves, they generally could overcome the apparatus of scholarship. What proved far more debilitating was the public image of blindness and consequently their image of themselves. Perhaps it is never healthy nor productive to be the continual object of pity and admiration. It may have been Thierry's single most profound

impediment, for people could not help lavishing sentimental encomiums upon him. After visiting Thierry an Englishman felt compelled to write:

At times, when an idea of a more grave and lofty character arises in his mind, you can discern a movement in the muscles of the eye; those blind eyes, the dark pupil of which stands out in bold relief from the cornea, open wide; the thought within seems essaying to make its way through the opacity of the ball, and, after vain efforts to effect this, returns within, descends to the lips, which receiving it, give it forth, not only in language, but with the expression of the look; from time to time, the blind passes his poor weak hand over those, in every sense, so speaking lips, as if cherishing the precious organ, enriched for him with all the faculties that the other organs have lost.

As the object of such rhetoric, Thierry found it difficult not to play the role of the tragic invalid that people assigned to him. This may account in part for why his scholarship after blindness and paralysis was never as significant as before. By contrast, Parkman and Prescott had to make their reputations after the onset of visual difficulty and in this respect became more reconciled to their infirmities.

Prescott could usually weather the kind of eulogy which appeared in the *Edinburgh Review*. The reviewer said:

Mr. Prescott has, for many years, been blind And when we call to mind that these delightful volumes were, like his preceding work, composed under the pressure of the severest physical privation to which humanity is subject, we cannot refrain from adding, anew, the expression of our heartfelt admiration of the heroic, the noble philosophy, which could sustain the cheerful vigour of mind necessary for such tasks.

Prescott Didn't Like To Be Thought Blind

Prescott was not one to receive praise under false pretenses, and he asked the *Edinburgh Review* to notify its readers that he was partially sighted. He could not refrain from commenting on the issue to one of his foreign research assistants. "Have you seen the notice of me in the *Edinburgh*? They make me as blind as a beetle! . . . I don't like to be thought blind, it makes one such an imbecile. A blind Yankee author! Did the Gods ever hear of such a thing!"

Usually Prescott could laugh at his own handicap, but he was peculiarly sensitive on the prospect of total blindness. Despite himself he partook of some of the awe and mystique of the completely blind. Echoing the *Edinburgh Review*, he characterized the blind Italian nobleman and scholar, the Marquis Gino Capponi, as one who had suffered "under the severest privation that can befall the scholar." This attitude toward blindness helps account for Prescott's almost total despair at the prospect of losing what little vision he had. Such a crisis came a decade before his death and it took him a year or two to reconcile himself to the possibility of blindness. He finally did and went on to write three volumes on Philip II, regardless of the consequences to his sight. He had regained that necessary perspective on life which had stood him in such good stead in years past. He ceased taking himself too seriously and returned to taking his work seriously.

In a curious way, each of the three historians served to encourage the others by example. If Thierry could do significant work, what excuse was there for Parkman and Prescott. Prescott also had the satisfaction of proving Dr. Johnson wrong. Blind men, after all, could become historians, even great historians.

FROM LITTLE COCONUTS— HAWAII'S PROGRAM FOR THE BLIND

By Elizabeth H. Morrison

Located at the base of gently sloping hills, in a residential district of modern metropolitan Honolulu, is situated Ho'opono, Hawaii's Rehabilitation Center for the Blind, the hub of services for the blind and visually handicapped throughout the State. It is a low-type structure of concrete block with decorative grills and open courts in the midst of flowering trees and shrubs. The interior is dressed in color-coordinated tones. Though not observable by the users of Ho'opono services, the presence of light and color reflects itself in the morale of the personnel providing the services and in the reaction of visitors coming for the first time to the facilities. One well-known local writer and columnist upon his first visit to Ho'opono commented, "What a happy place!"

"Ho'opono" translated from the Hawaiian language means "to make things right". That is the very essence of what is taking place in this attractive setting, to make things right for blind persons of many different origins by helping them attain the skills they need to achieve a way of life in a sighted community which will be useful and personally rewarding.

With the exception of educational services and library services which are functions of the Department of Education, and a non-profit organization, Eye of the Pacific Guide Dogs, Inc., Ho'opono is the sole agency for the blind in the State of Hawaii. As such, it is concerned with all blind and visually handicapped persons in the State from the very young to the very old who elect to utilize its services.

Although an "out-patient" facility, blind persons needing its services come to Ho'opono from every part of the State. If they have neither friends nor relatives with whom they can live in Honolulu, arrangements for their housing are made with one of the "Y's", Christian or Buddha, located nearby.

Similarly, Ho'opono specialists such as the rehabilitation teacher, mobility therapist, and business enterprise manager make trips to the neighbor islands where they support the efforts of the special counselors for the blind operating out of the district offices on each of the Islands of Hawaii, Maui and Kauai.

But Ho'opono did not suddenly materialize from the ocean depths like some volcanic eruption. It was preceded by some 26 years of program development and growth. This then, is the story of Hawaii's program for the blind.

The First Little Coconut — A Program is Planted

Situated out in the Pacific, 2,500 miles from the mainland United States, with no prototypes to observe or emulate, literally, Hawaii's program has stemmed from little coconuts which were so well planted and nurtured that the tropical gale which followed statehood was unable to completely uproot them.

The first little coconut was planted in 1935 when the Territorial Legislature incorporated in the general appropriation act for 1935-37 the sum of \$20,000 for a program of Conservation of Eyesight and for the Blind. In 1936 the Honorable Joseph B. Poindexter, Governor of the Territory of Hawaii, appointed Mrs. Grace C. Hamman to initiate and direct the program of the "Bureau of Sight Conservation and Work with the Blind".

Picture Hawaii 39 years ago when the only means of travel from the mainland to the Islands was a six-day trip aboard an ocean liner, and to travel from Honolulu, the capital, to one of the neighboring islands meant an overnight sea voyage. Roads were poor and sometimes non-existent, and not infrequently the only way to reach out to the blind was to travel on the back of a mule which is endearingly called by the Hawaiians, a Kona Nightingale.

At the time the Bureau was established it was believed from information derived from earlier surveys that the number of blind persons in the Territory totaled 266. It was later found that only 178 of this group could be certified as blind. However, by the end of its first year of operation an additional 177 blind persons were certified, making a total of 355. This positive identification of so large a group of blind individuals over the span of 12 months reflects true pioneer efforts.

And so it was under the pioneering efforts and dedicated leadership of Mrs. Hamman that the little coconut grew and by 1951, 16 years later, there were groves of coconut trees on all of the Islands. Work with the blind included social case work, vocational rehabilitation, a shop for the adult blind, and a vending stand program. Conservation of eyesight was carried out through an annual vision screening program of all school children, annual eye clinics held in the rural areas of the Territory, and an unceasing program of community education. By 1951 personnel serving the blind and carrying out the preventive aspects of the program, including four part-time vision screeners, numbered 41. The operating budget for that same year totaled \$133,011.

Personnel Practices

In her 16-year report, "Their Tomorrows Have Become Our Todays", Mrs. Hamman points with a certain amount of pride to the fact that the Bureau practiced the policy of employing local persons and providing them with professional in-service training. Professional courses in sight conservation and work with the blind at the University of Hawaii and in-service training courses for nurses in the anatomy of the eye were utilized.

The practice of employing local persons and providing them with in-service training has continued. This can be attributed in part to residency laws, and in part to the risks inherent in the recruitment of personnel through correspondence. There is a real question about whether or not the individual selected, sight unseen, who in all probability has never been to Hawaii, will be able to accept the different cultural patterns which exist in effusion in Hawaii. Not only will he be working with an individual who is blind, but with a blind individual whose cultural values may be quite foreign to his own. The new recruit may not be happy with the slower pace of living, the higher costs, and even in this "jet age" the feeling at times of being "cutoff" from the rest of the world.

In the earlier years professional personnel engaged in work with the blind came largely from the field of education with a few from the field of social work. The greater portions of professionals hired in the 50's came from the field of social work and a few with training in occupational therapy. The discipline of occupational therapy has proven a rich source of recruitment of rehabilitation teachers, whether as teachers of communication, of activities of daily living, manual arts, crafts or home teaching.

The Second Little Coconut — An Added Dimension

The second little coconut which gave new direction to Hawaii's program for the blind was planted in the spring of 1951 when Mr. Donald Dabblestein, Assistant Director of the Federal Office of Vocational Rehabilitation, made a brief visit to Honolulu. It was just at the time two publications were received from his central office. One on the Hoover method of cane travel, and the other on training the blind in the use of power and hand tools. "Dabs" was asked, "Where do we find these people who can teach blind individuals to travel independently?"

Mr. Dabblestein suggested that the Physical Education Department at the local University might be a source from which to recruit someone who would be interested in applying Dr. Hoover's outline for teaching mobility to some of Honolulu's blind residents. He also suggested that as long as we were considering new evaluation and training programs, why not think in terms of establishing a comprehensive program of services similar to those developed for the blinded veterans at Valley Forge and Avon Old Farms.

Could this be done way out here in Hawaii? The odds appeared overwhelming — the lack of experience — the disbelief held by many that blind persons could achieve any degree of physical independence — the lack of money. And yet, the idea caught fire, and for six weeks during the summer of 1951, 24 blind individuals demonstrated what they could achieve, given the exposure and opportunity.

This brief positive experience led to a second adjustment center program which was held in the summer of 1952. This time it was for eight weeks and an around-the-clock operation. Funds were secured through a special grant from the Office of Vocational Rehabilitation (in the days before there was a research and demonstration grant program) and the Lions of District 50.

The Department of Education made available several buildings at the rear of Farrington High School campus. These included a gymnasium which was converted to a men's dormitory, with cots borrowed from the Army, and mattresses and other bedding borrowed from the Navy; a Manual Arts shop complete with hand and power tools; a building where home economics was taught during the course of the regular school year, which for Center purposes was converted in part to a women's dormitory and used in part for food preparation and service for Center faculty and participants. All food services including cooking were handled by the participants under the supervision of the home economist.

Other classrooms were used for instruction in braille and typing, crafts, sewing and personal grooming. Other activities included group discussion, group therapy, Dale Carnegie, dancing and other recreational activities. Instruction in mobility was carried out in the various classrooms, in an outdoor recreational court, on the campus, and eventually extended to the public thoroughfares.

The athletic program included bowling, swimming, volley ball and a modified version of basketball. Excursions were made to various businesses, military installations, restaurants and theaters.

All of this at a cost of slightly less than \$6,000.

The 28 participants in the 1952 program benefitted from the experience gained from the previous summer. The majority of faculty members engaged in the "52"

program were "returnees". They met the challenge of teaching the blind with a great deal more confidence and expertise. Indulgences granted to the trainees during the first summer, unless otherwise prescribed, were withheld from the trainees during the course of the second summer. Lesson plans were more "reality oriented," and progress evaluation reports better related to rehabilitation goals and objectives.

Knowing that the Federal Office of Vocational Rehabilitation and the Lions could not be counted upon to support another summer session, every effort was made to familiarize the Legislators and the community with the activities taking place at the rear of the Farrington campus during that summer of 1952. As a result, the 1953 Legislature approved an appropriation which carried the program forward through the summer of 1955. By this time it became evident that although the summer program fulfilled a much needed service, it also demonstrated the inadequacy of a part-time operation and the need for an on-going year-round adjustment center program for blind and partially sighted persons.

The opportunity for initiating just such a program came in the fall of 1955 when the Department of Public Works made available to the agency a small building located across the street from its main offices. Because the building was small and the electrical wiring and plumbing inadequate, it was not possible to carry on all the activities which took place at Farrington, but this lack was more than compensated by the fact that a needed service was available to the client at the time he was motivated toward making an effort to reduce his dependency.

For seven years the adjustment center program limped along in extremely poor physical facilities. No more than 10 individuals could be accommodated at any given time. Activities were limited to crafts, braille and mobility.

The Third Little Coconut — its Name is Ho'opono

Concurrent with the initiation of a year-round adjustment center program, the Lions began to push for a permanent structure to house not only a Center for the blind but also the workshop for the adult blind, and all other related offices and activities. They pledged support money in the amount of \$20,000 and succeeded in securing for the agency an appropriation of \$150,000 from the 1955 Legislature for acquisition of land and architectural plans.

The third little coconut was planted, a coconut destined to grow into a tree which saved the program from probable oblivion in the early 60's.

Additional funds were appropriated during subsequent legislative sessions. Hawaii was the first state to receive federal funds under the Hill-Burton Program for construction of a Rehabilitation Center for the Blind. Funds from this source amounted to approximately \$200,000. Total funds expended for Ho'opono facilities, exclusive of land costs, came to \$676,000.

With the completion of Ho'opono in October, 1962, it would be expected that with a new facility and new furnishings that a program of top quality would result. So it might — except that by the time Ho'opono was completed only vestiges remained of what in fiscal year '59 had been a comprehensive state-wide program for the blind.

A Tropical Gale or What Price Progress?

In 1959 Hawaii achieved Statehood and with it came a complete reorganization of governmental agencies. The program for the blind which had been free and independent

of all other government agencies suddenly found itself merged with many different programs in a newly created Department of Social Services. All 44 positions were absorbed in administrative units of the Public Welfare Division. Only nine of the 44 positions retained identifiable responsibility for work with the blind. These included a State Consultant, a Supervisor, a Rehabilitation Teacher, an Occupational Therapist, a Travel Training Instructor, a Vocational Counselor, a Business Enterprise Manager, a Shop Foreman and a Home Industry Coordinator.

In November, 1962, eight of the foregoing-named personnel were transferred to Ho'opono from the various public welfare units to which they had been assigned. The State Consultant remained in the Program Planning Office of the Division of Public Welfare.

It was hoped that the advent of Ho'opono would magically restore to the program an identity and status it formerly held. This was not to be but gains have been made. Several problems faced in 1962 have been resolved, at least, to a degree. One of these was the scarcity of personnel. Another, the out-of-sight, out-of-contact client. And still a third, which was the primary cause for the first two problems, was the organizational placement of Ho'opono within the administrative structure of the Department.

Until July, 1965, Ho'opono was administered as an operational unit of the Oahu County Branch of the Public Welfare Division. This administrative arrangement discouraged blind and visually handicapped persons from seeking the services offered at Ho'opono. They were required to go through the same application process as were applicants for public assistance. The blind disliked the implication that, through association with public welfare recipients, they too were regarded as needy. They were unhappy with the practice of being shunted from one social worker to another. In its first year of operation, calendar year 1963, Ho'opono served a total of 169 blind and visually handicapped clients.

It would not have been possible to serve even this number if there had not been in that same year a build-up in personnel. This was accomplished through the unfreezing of three positions, social group worker, home economist and a manual arts instructor, all three authorized by the 1961 State Legislature. In addition, two clerical workers were transferred from public assistance units to Ho'opono. Fortunately, there were qualified residents available to fill these positions which completed the basic compliment of staff required for the provision of personal adjustment services. Accordingly, the first adjustment center program to be offered at Ho'opono was initiated in the fall of 1963 with 24 clients participating.

LOW VISION CLINIC

The next build-up in staff came in April, 1964, with the establishment of a low vision clinic service which was initially supported by a three-year demonstration grant from VRA and contributions from the Lions of District 50. Positions of a full-time social worker and a half-time stenographer were authorized. Efforts to divorce the application process for low vision services from the public assistance application process were successful, and this new service attracted a total of 56 individuals in its first year of operation. Some of these individuals, as they became acquainted with other activities available at Ho'opono, elected to utilize these resources.

The Little Coconuts Survive

Simultaneously with the build-up in staff, efforts were being made by the blind, the American Foundation and the Vocational Rehabilitation Administration to influence the

State administration to set up the program as a separate Division within the Department of Social Services. Finally in July, 1965, an executive order signed by the Governor established services for the blind as a separate branch in the Public Welfare Division. This action did not give the program the status of a division, but at least on Oahu, the program once again had some identity and the door to Ho'opono, rather than the door to public assistance, became the entrance of service to blind and visually handicapped persons.

With the establishment of the branch, some of the coconut trees crippled by the tropical gale of government reorganization were revived, and blind persons in growing numbers were again seeking services. The application process for all services for the blind with the exception of aid to the blind was transferred to Ho'opono. This justified the transfer of one social worker's position from one of the Public Welfare units to Ho'opono. The availability of a social worker made it possible to implement long delayed plans to engage on a part-time basis the services of a team of consultants consisting of an ophthalmologist, an internist, a psychiatrist and a psychologist.

The elevation of the program to the status of a branch required that there must be someone accountable for program operations and results. Accordingly, the State Consultant for Services for the Blind was made Administrator of what was officially entitled the Rehabilitation Services Branch for the Blind, a branch which incorporated Ho'opono, all of its personnel and activities. The program for the blind in the neighbor islands continued to be administered from the county Public Welfare branches.

As a branch, the program once again had breathing space, but its efforts to expand and reach out were restricted. There was no way in which to communicate with the Administration and the Legislature except through the administrator of the Public Welfare Division. Inherent in this type of arrangement are numerous barriers to growth and development. It is difficult for the administrator not familiar with the implications of blindness to understand the needs of blind persons and, therefore, to hold a deep conviction about the kinds and depth of services which are required and can be supplied to meet these needs. It is difficult for him to accept standards which differ from those applied to other programs under his administration. Because it is more costly to provide effective services for the blind, and because very often the blind population is smaller than any other population group served under his administration, the administrator may be inclined to withhold resources from the blind to the end that these same resources applied to other groups will benefit a greater number of individuals. The administrator who has not had the experience of working intimately with blind persons is inclined to hold some reservations about blind persons really being able to hold their own in a sighted society. For these reasons, valid or not, he has ambivalent feelings which tend to interfere with his vigorous support of program needs before the administration and the legislature.

With the convening of the 1967 State Legislature, there was a concerted effort by the blind, and other interested individuals, some of whom were Legislators, to establish a separate Division of Services for the Blind. Although not successful in achieving a Division by Legislative action, this effort did result in a strong recommendation to the Administration that there be such a Division and positions were authorized to implement the recommendation.

The Coconut Trees are Transplanted

In January, just prior to the convening of the 1967 Legislature, the General Program of Vocational Rehabilitation was transferred by executive order from the Department of Education to the Department of Social Services. And so, instead of a separate Division for

the Blind, the Administration, believing that two programs so closely related and funded from the same federal resources could mutually benefit each other, made the decision to bring them together in a single division. Thus, by executive order signed by the Honorable John A. Burns, Governor of the State of Hawaii, in June, 1967, the Vocational Rehabilitation and Services for the Blind Division was established.

Today, Services for the Blind, as represented by Ho'opono, are administered as a branch of this new Division.

With a staff of 29 (including the three counselor specialists located in the District Offices mentioned earlier) and an operating budget of almost \$500,000, Hawaii's program for the blind offers the full gamut of services to meet the needs of blind persons at whatever age the onset of blindness may occur.

Four programs carry out the functions of the branch which currently serves approximately 700 individuals annually. They are the Counseling Section, the Adjustment Center Section, the Employment Section and the Prevention of Blindness Section.

COUNSELING

This program has accountability of all cases receiving services of Ho'opono. It provides individual and group counseling of parents of blind infants and pre-schoolers, assists school personnel in determining the appropriate educational placement of blind students, carries out the federal-state vocational rehabilitation program, provides home teaching services, case work services which may or may not be related to vocational rehabilitation, and carries out the services of the Low Vision Clinic.

ADJUSTMENT CENTER

The program of this section is divided into what are called semesters, Fall, Spring and Summer. Activities include most of those in effect when the program was conducted on the Farrington High School campus. Orientation and mobility services have expanded under the skilled guidance of two professionally trained orientation/mobility specialists. During the Summer semester, concentration is on blind teenagers who come to Ho'opono for a variety of activities which are geared to their interest and age level and which are primarily focused on improving their personal and social functioning. During the Fall and Spring semesters, concentration is on blind adults of any age and on those adolescents who are incapable of further educational achievement.

EMPLOYMENT

The employment program has responsibility for the operation of the Hawaii Shop for the Adult Blind which is situated at Ho'opono. The Shop is affiliated with National Industries for the Blind. Continuing employment is provided for about 40 individuals either in the workshop proper or in their own homes. Approximately 25 percent of those employed are not blind but have some other type of major handicap. In fiscal year '67-'68 the Shop grossed \$114,767 through the production and sale of brooms, mops, menhune dolls, hula skirts, paper and fabric leis, and completion of sub-contracts for Hawaii's garment industry, Aloha Airlines, and Matson Navigation Company.

This section is also responsible for the controlled business enterprise program including the training of vending stand operators. It consists of 30 vending stands, a cafeteria and a snack bar. Unique to Hawaii is the location of vending stands in each of the seven major airport terminals.

PREVENTION OF BLINDNESS

With the organizational help of the Lions, the voluntary services of the ophthalmologists, the nursing profession, social workers and other volunteers, three Glaucoma Detection Clinics, each one drawing from a different population area, are held annually. Over the 10 years in which these clinics have become a part of the scene, 247 individuals have been alerted to the fact that their sight was in jeopardy because of Glaucoma.

To date, pre-school vision screening has been limited to requests for this service. For the most part these requests have originated with women's organizations on military bases.

Other prevention and case-finding activities include vision screening of individuals being trained under the MDTA program; at the request of industry, screening of their employees, lighting surveys, public education, etc.

ADVISORY BOARD

An advisory board of 30 lay members assists the Branch Administrator in carrying out the overall program of services for the blind. Each member represents a group or organization which in some way is related or contributes to the services provided by the Branch.

There are representatives from organizations of the blind, from the Hawaii Chapter of Delta Gamma Alumni which, like the Lions, has given substantial support to the program down through the years; the District 50 Governor's Office of Lions International, the Hawaii Lions Eye Foundation, the Knights of Pythias, Knights Templar, Eye of the Pacific Guide Dogs, Inc., Council of Churches, Hawaii Congress of PTA, Community Improvement Associations, Hawaii Bar Association, Hawaii Engineering Society, etc.

The Hope That the Coconut Trees Will Continue to Grow

There have been advantages in this latest organizational arrangement. Services for the Blind is now part of the official letterhead of a Division of the Department. The terms contained in the Executive Order establishing the Division provided for the assignment of at least one worker in each of the District Offices to the provision of services for the blind and visually handicapped. Now the coconut trees in the Islands of Hawaii, Maui and Kauai, which were almost destroyed, are once again gently swaying in the tropical breeze, and blind and visually handicapped residents of these islands are once again receiving the attention that is rightfully theirs.

There is a common understanding on the part of the Division Administrator and the several Branch and District Administrators of the laws, rules, regulations, policies and standards governing the state-federal program of vocational rehabilitation, making it possible to carry out "vocational rehabilitation services" for both blind and other handicapped persons on a uniform basis throughout the State.

And so it is hoped that in this more favorable organizational environment the coconut trees, the symbol used throughout this paper for Hawaii's program for the blind, will be able to grow to their full stature.

U. S. GOVERNMENT SPONSORED RESEARCH
TO STUDY BLINDNESS - 1969 SUPPLEMENT

By Mary E. Switzer and C. Warren Bledsoe

SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION GRANTS PROJECTS*

Listed by Grant Number, Grantees, Project Director and Purpose

GRANT NO.	PROJECT IDENTIFICATION	GRANTEE AND PROJECT DIRECTOR	PURPOSE AND INTEREST CATEGORY†
RD-2618-S	Development of a Syllabus for Instruction of Communicative Skills to the Blind	Arkansas Enterprises for the Blind, 2811 Fair Park Boulevard Little Rock, Arkansas 72204 J. O. Murphy	(1) To develop a syllabus designed to meet individual needs for communication skills in a rehabilitation center for the blind; (2) to develop an evaluation scale to meet individual needs; (3) survey the practical field of communication codes used by the blind in every day living and work situations. (II-B).
RD-2667-S	Feasibility Studies; Electro cortical Prosthesis	Albert Einstein College of Medicine 1300 Morris Park Avenue Bronx, New York 10461 Herbert G. Vaughan, M.D.	To continue a study of a visual prosthesis based on delivering patterned electrical stimuli to the visual cortex of the totally blind. To complete the design and testing, including testing in animals of critical components whose practical development and safety should be demonstrated before a prototype system for human use is authorized. (III).

*Note: All terminology has been changed to reflect the reorganization of the Vocational Rehabilitation Administration as part of the new Social and Rehabilitation Administration.

†Code of Interest Category: I, Vocational; II-A, Prevocational-Centers; II-B, Prevocational Processes – 11-C, Prevocational-Processes-Optical Aids; II-D, Testing; III, Equipment; IV, Personnel.

SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION GRANTS PROJECTS* (Continued)

GRANT NO.	PROJECT IDENTIFICATION	GRANTEE AND PROJECT DIRECTOR	PURPOSE AND INTEREST CATEGORY†
RD-2689-S	Investigation of Optimum Employment Procedures in Computing	Association for Computing Machinery 211 East 43rd Street New York, New York 10017 T. D. Sterling	To investigate methods and procedures by which blind workers in the computer field may maintain and enhance their position; to explore effective means through which it will be possible for blind individuals to be continuously trained to work in the area of computer programming as well as to seek constant review for optimum methods of retraining and updating the needs of professional workers in the field. (I).
RD-2819-S	Expanding Sheltered Workshop Employment Opportunities for Multi-handicapped Persons	National Industries for the Blind 50 West 44th Street New York, New York 10036 Noel B. Price	To implement the findings and recommendations of a planning grant (RD-2405-S) designed to investigate possible solutions to problems of developing remunerative employment opportunities for multi-handicapped blind persons. (II-A).
RD-2867-S	Training 50 Blind Persons to Work as Taxpayer Assistors for the Internal Revenue Service	Arkansas Enterprises for the Blind 2811 Fair Park Boulevard Little Rock, Arkansas 72204 J. O. Murphy	To adapt practical business instruction to braille, taped and other recorded materials. (I).
RD-2868-S	Development and Operation of Mary Duke Biddle Gallery for the Blind	North Carolina Museum of Arts 107 East Morgan Street Raleigh, North Carolina 27601 Charles W. Stanford, Jr.	To continue comprehensive plan of making gallery available to the blind of North Carolina. (II-B).
RD-2877-S	Preserving and Circulating Literature Concerning Blindness	American Association of Workers for the Blind 1511 K Street, Northwest Washington, D.C. 20005	To update the information in the annotated card catalog for locating and identifying books, literature, and periodicals on blindness. (IV).

SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION GRANTS PROJECTS* (Continued)

GRANT NO.	PROJECT IDENTIFICATION	GRANTEE AND PROJECT DIRECTOR	PURPOSE AND INTEREST CATEGORY†
RD-2912-S	Training and Placement of Blind Persons in Service Jobs in Hospital Settings	American Foundation for the Blind 15 West 16th Street New York, New York 10011 Arthur F. Voorhees	To demonstrate through development and validation methods and techniques for providing on-the-job training of blind persons in service jobs in hospital settings and to publish a manual of such methods and techniques for use of State rehabilitation agencies and hospital personnel. (I).

SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION GRANT FUNDS
FISCAL YEARS 1968 - 1969

New Grants

PROJECT NUMBER	GRANTEE	CALENDAR YEAR BEGAN	GRANT AWARD
RD-2618-S	Arkansas Enterprises for the Blind Little Rock, Arkansas	1968	\$ 21,465
RD-2667-S	Albert Einstein College of Medicine Bronx, New York	1968	35,775
RD-2689-S	Association for Computing Machinery New York, New York	1968	6,300
RD-2819-S	National Industries for the Blind New York, New York	1968	75,000
RD-2867-S	Arkansas Enterprises for the Blind Little Rock, Arkansas	1968	29,148
RD-2868-S	North Carolina Museum of Arts Raleigh, North Carolina	1968	25,000
RD-2877-S	American Association of Workers for the Blind Washington, D. C.	1968	22,000
RD-2912-S	American Foundation for the Blind New York, New York	1968	41,227
Totals			\$255,915

SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION GRANT FUNDS
FISCAL YEARS 1968 - 1969

Continuation Grants

PROJECT NUMBER	GRANTEE	CALENDAR YEAR BEGAN	GRANT AWARD
RD-1004-S	Industrial Home for the Blind Brooklyn, New York	1962	\$ 82,500
RD-1480-S	Rehabilitation Institute Detroit, Michigan	1964	46,674
RD-1771-S	Illinois Braille and Sight Saving School Jacksonville, Illinois	1966	13,800
RD-1843-S	Division of Vocational Rehabilitation Baltimore, Maryland	1965	14,397
RD-1846-S	Oregon Commission for the Blind Portland, Oregon	1966	10,000
RD-1906-S	Social Science Research Center University of Puerto Rico	1965	21,842
RD-1956-S	Minneapolis Society for the Blind, Inc. Minneapolis, Minnesota	1965	47,280
RD-1974-S-D	Research Foundation, State Union of New York Albany, New York	1965	4,800
RD-2026-S-D	University of Tennessee College of Medicine Memphis, Tennessee	1966	4,330
RD-2049-S	Virginia Commission for the Visually Handicapped Richmond, Virginia	1966	25,244
RD-2065-S	Boston College Chestnut Hill, Massachusetts	1966	24,385
RD-2406-S	National Accreditation Council for Agencies Serving the Blind and Other Visually Handicapped New York, New York	1967	75,000

SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION GRANT FUNDS
FISCAL YEARS 1968 - 1969

Continuation Grants

PROJECT NUMBER	GRANTEE	CALENDAR YEAR BEGAN	GRANT AWARD
RD-2444-S	Institute of Medical Sciences San Francisco, California	1967	31,000
RD-2472-S	National Industries for the Blind New York, New York	1967	61,839
RD-2475-S	Stanford University Department of Engineering Stanford, California	1967	84,107
RD-2480-G	Catholic Guild for All the Blind Newton, Massachusetts	1967	57,000
RD-2497-S	Syracuse University Syracuse, New York	1967	11,250
RD-2554-S	Regents of the University of Michigan Ann Arbor, Michigan	1967	73,860
RD-2557-S	University of Maryland College Park, Maryland	1967	16,361
RD-2563-S	Department of Children and Family Services Springfield, Illinois	1967	12,000
RD-2603-S	Hadley School for the Blind Winnetka, Illinois	1967	10,000
RC-8-S	Massachusetts Institute of Technology Cambridge, Massachusetts	1967	94,932
RC-18-S	Massachusetts Institute of Technology Cambridge, Massachusetts	1967	99,999
RC-38-S	IIT Research Institute Chicago, Illinois	1967	4,528
Totals			\$927,128

REPORTS RESULTING FROM SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION PROJECTS CONCERNING BLINDNESS

Note: These publications are available from the grantee only, not the Social and Rehabilitation Service.

835. University of Pittsburgh, Pittsburgh, Pennsylvania.

Lukoff, I. F. and Whiteman, Martin. The Social Sources of Adjustment to Blindness. Unpublished final report, 1965.

1082. Catholic Charities, Department of Vision and Hearing, Chicago.

Quinn, M. C. Independent Travel Training for Blind Children. Published final report, December 1967.

1168. Alameda County School Department, Hayward, California.

Wuzburger, Berdell; Johnson, D. E. and Gilson, Charles. Itinerant Instruction in Orientation and Mobility for Blind Adolescents in Public Schools. Published final report, June 1966.

1228. Metropolitan Society for the Blind, Inc., Detroit, Michigan.

Upshaw, M. C. Establishing Mobility Training for Blind Children as a Function of Special Education in Public Schools. Published final report, February 1968.

1336. North Dakota State School of Science, Wahpeton, North Dakota.

Horton, J. A. and Borchert, C. R. The Feasibility of Using a Well Organized Trade School as a Regional Facility for Training Blind Students. Unpublished final report, January 1968.

1343. Cincinnati Association for the Blind, Cincinnati, Ohio.

Groves, B. P. Orientation and Mobility Service for Legally Blind Persons Living in Five Counties in Ohio and Kentucky. Published final report, October, 1967.

1445. State Vocational Rehabilitation Division, Charleston, West Virginia.

Casto, W. A. Orientation and Mobility Instruction of Blind People in West Virginia. Published final report, July 1968.

1539. Rhode Island Association for the Blind, Providence, Rhode Island.

Worden, H. W. Mobility and Orientation Instruction for the Blind. Published final report, January 1968.

1541. Houston-Harris County Lighthouse for the Blind, Houston, Texas.

Rougagnac, Jeri and Kean, J. E. Harris County, Texas Mobility and Orientation Instruction of Blind Children and Adults. Unpublished final report, 1968.

1542. Cincinnati Association for the Blind, Cincinnati, Ohio.

REPORTS RESULTING FROM SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION PROJECTS CONCERNING BLINDNESS
(Continued)

Groves, B. P. Greater Cincinnati Low Vision Lens Service for Partially Sighted Persons Living in Five Counties in Ohio and Kentucky. Published final report, November 1967.

1571. Recordings for the Blind, Inc., New York, New York.

Schiff, W., et. al. Using Raised Line Drawings as Tactual Supplements to Recorded Books for the Blind. Unpublished final report, June 1967.

Schiff, W. Manual for the Construction of Raised Line Diagrams. Unpublished special report, November 1966.

Schiff, W.; Kaufer, L. and Mosak, S. "Information Tactile Stimuli in the Perception of Direction". Perceptual and Motor Skills, 23:1315-1335, 1966; (supplement to final report).

1626. Department of Vocational Rehabilitation, Washington, D.C.

Thompson, W. W. Adapting the Randolph-Sheppard Vending Stand Program to the Advances of Automation. Published final report, January 1968.

Carpenter, L. F. Adapting the Randolph-Sheppard Vending Stand Program to the Advances of Automation: Operations Manual. Published special report, June 1968.

1641. Tennessee School for the Blind, Donason, Tennessee.

Coble, C. and Coker, D. G. Orientation and Mobility Instruction in the Residential School and in the State Agency. Published final report, June 1968.

1693. New Hampshire Association for the Blind, Concord, New Hampshire.

Lo Guidice, D. D. and Pattin, W. E. A State-Wide Community-Oriented Mobility and Orientation Program in New Hampshire. Published final report, July 1968.

2029. Florida Council for the Blind, Tallahassee, Florida.

Emanuele, G. J.; De Marco, C. and Wardell, K. Preparation of Blind Students for Vocational Rehabilitation Through Early Training in Mobility and Orientation. Published final report, April 1968.

1770. Division of Vocational Rehabilitation, Special Services for the Blind, Grand Forks, North Dakota.

Christensen, E. C. Adjustment and Pre-Vocational Training Program for Adult Blind and Partially Seeing. Published final report, December 1966.

1908. Recordings for the Blind, Inc., New York, New York.

Levi, Jasha. Field-Testing of the RFB (Recordings for the Blind) Portable Disc Player. Unpublished final report, August 1967.

REPORTS RESULTING FROM SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION PROJECTS CONCERNING BLINDNESS
(Continued)

2049. Virginia Commission for the Visually Handicapped, Richmond, Virginia.
Navis, E. M. To Assess the Proficiency of the Blind as Tape Duplicator Operators.
Published final report, September 1968.
2174. State Department of Children and Family Services, Springfield, Illinois.
Inkster, D. E. and Siegel, I. M. Postural Determinants and Mobility Rehabilitation
in the Blind. Unpublished final report, April 1968.
2318. University of Virginia, Research Laboratories for the Engineering Sciences,
Charlottesville, Virginia.
McVey, E. S.; Moore, J. W. and Ramey, R. L. Development of a Personal Print
Reader for the Blind. Unpublished final report, January 1968.
2405. National Industries for the Blind, New York, New York.
Hanger, J. W. Remunerative Employment of Multiple Handicapped Blind Persons.
Unpublished final report, May 1967.
2406. National Accreditation Council for Agencies Serving the Blind and Visually
Handicapped, New York, New York.
Scholl, G. T.; Handel, A. F. and Collingwood, H. Self-Study and Evaluation Guide
for Residential Schools. Published special report, 1968 edition.
-----, Self-Study Guide for Sheltered Workshops. Published special report,
1968 edition.
-----, Self-Study and Evaluation Guide. Published special report, 1968 edition.
2469. North Carolina Museum of Art, Raleigh, North Carolina.
Standford, Jr., C. W. Planning Operations for the Mary Duke Biddle Art Gallery
for the Blind. Unpublished final report, April 1968.
2489. Arkansas Enterprises for the Blind, Inc., Little Rock, Arkansas.
Murphy, J. O. Training the Blind as Taxpayers' Assistors. Unpublished final
report: part I, November 1967.
-----, Taxpayer Assistor Demonstration Training. Unpublished final report:
part II, March 1968.
-----; and Estes, E. G. Training the Blind as Taxpayer Assistors: Instruction
Manual. Unpublished special report, 1967.
2602. Perkins School for the Blind, Watertown, Massachusetts.
Waterhouse, E. J. (Ed.). Fourth Quinquennial Conference; Proceedings of the
International Council of Education of Blind Youth, Watertown, Massachusetts,
August 20-27, 1967. Published final report, 1968. (Available at \$3.00 per copy).

REPORTS RESULTING FROM SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION PROJECTS CONCERNING BLINDNESS
(Continued)

R.C.-8 Massachusetts Institute of Technology, Cambridge, Massachusetts.

Dupress, J. K.; Baumann, D. M. B. and Mann, R. W. Towards Making Braille as Accessible as Print. Published special report, June 1968.

Blanco, E. E. Development of a Punched-Tape-to-Braille "Direct" and Continuous Mechanical Transducer. Published special report, June 1968.

RC-18 Massachusetts Institute of Technology, Cambridge, Massachusetts.

Dupress, J. K. Conference on New Processes in Braille Manufacture; Proceedings of a conference, American Printing House for the Blind, Louisville, Kentucky, February 8-9, 1968. Published special report, 1968.

----- . M.I.T. Sensory Aids Center: 1967 Interim Report. Published special report, November 1967.

----- . Conference for Mobility Trainers and Technologists; Proceedings of a conference, M.I.T. Faculty Club, December 14-15, 1967. Published special report, 1968.

REHABILITATION SERVICES ADMINISTRATION
TRAINING PROJECTS - REHABILITATION OF THE BLIND
FY 1968 and 1969

RSA Grant or Contract No.	Sponsor	Project Director	Subject
<u>LONG-TERM</u>			
385-T-69	American Assoc. of Workers for the Blind, Washington, D.C. 20005	Fred Dechowitz	Rehabilitation of the Blind.
236-T-69	Boston College Chestnut Hill, Mass. 02167	John R. Eichorn	Rehabilitation of the Blind. (Mobility Instruction)
660-T-69	California State College 5151 State College Drive Los Angeles, Calif. 90032	Robert A. Eisenberg	Rehabilitation of the Blind. (Mobility Instruction)
597-T-68	National Rehabilitation Assoc. Washington, D.C. 20005	E. B. Whitten	Rehabilitation of the Blind.
267-T-69	Southern Illinois University Carbondale, Ill. 62901	Louis Viecei	Rehabilitation of the Blind. (Placement)
284-T-69	Western Michigan University Kalamazoo, Michigan 49001	Donald Blasch	Rehabilitation of the Blind. (Mobility and Home Teaching)
<u>SHORT-TERM</u>			
68-20	American Assoc. of Instructors for the Blind, Inc. 711 14th St., N.W. Washington, D.C. 20005	R. Paul Thompson	Train guidance counselors of the visually handicapped youth in the understanding and application of information and skills in prevocational and vocational counseling of the blind.

REHABILITATION SERVICES ADMINISTRATION
TRAINING PROJECTS - REHABILITATION OF THE BLIND
FY 1968 and 1969 (Continued)

RSA Grant or Contract No.	Sponsor	Project Director	Subject
767-T-69	American Foundation for the Blind 15 West 16th St., New York, N.Y. 10011	Arthur L. Voorhees	Placement of Blind in Hotels and Motels.
68-19	American Foundation for the Blind 15 West 16th St., New York, N.Y. 10011	M. R. Barnett	Institute to plan for the employment of visually handicapped persons in rural and urban recreation programs.
236-T-69	Boston College Chestnut Hill, Mass. 02167	John R. Eichorn	Orientation of Rehabilitation Counselors to New Developments in Eye Diseases.
68-5	University of Maryland College Park, Md. 20740	June Bricker	In-service training institute for rehabilitation teachers of the blind in RSA Regions I, II, and III.
733-T-68	Michigan State University East Lansing, Mich. 48823	Henry Ogden Barbour	Rehabilitation of the Blind.
730-T-68	National Industries for the Blind 1511 K St., N.W. Washington, D.C. 20005	Robert C. Goodpasture	Training in Sheltered Workshop for the Blind.
597-T-68	National Rehabilitation Association 1522 K St., N.W. Washington, D.C. 20005	Lewis A. Buck	Rehabilitation of the Blind.

REHABILITATION SERVICES ADMINISTRATION
TRAINING PROJECTS – REHABILITATION OF THE BLIND
FY 1968 and 1969 (Continued)

763-T-69	New York Assoc. for the Blind 111 East 59th St. New York, N.Y. 10022	William Gallagher	Placement of Blind Persons as Teachers in Public Elementary and Secondary Schools.
762-T-69	Penhurst State School & Hospital Spring City, Pa. 19475	M. Harris Schaeffer	Rehabilitation of the Mentally Retarded Blind.
267-T-69	Southern Illinois University Carbondale, Ill. 62901	Louis Viecei	Rehabilitation of the Blind. (Placement)
515-T-69	University of Texas Austin, Texas	Giles D. Carnes	Planning for the Blind Client.
284-T-69	Western Michigan University Kalamazoo, Mich. 49001	Donald Blasch	Seminar on Training of Mobility Aides.
68-2	Wisconsin Bureau for the Handicapped Children 110 N. Henry Street Madison, Wisc. 53703	John W. Melcher	Education and Rehabilitation of the Visually Handicapped, a Continuing Process.

SUMMARY OF TRAINING GRANTS AWARDED
REHABILITATION OF THE BLIND
FY1968 and 1969

Institution	FY 1968 ¹	FY 1969
<u>LONG-TERM</u>		
American Assoc. of Workers for the Blind (#385)	\$ 28,350	\$ 29,050
Boston College (#236)	165,597	166,707
Calif. State College at Los Angeles (#660) (Los Angeles State College Foundation)	91,124	98,965
National Rehabilitation Association (#597)	1,500	--
Southern Illinois University (#267)	62,793	38,709
Western Michigan University (#284)	191,310	201,991
TOTAL	<u>\$540,674</u>	<u>\$535,422</u>
<u>SHORT-TERM</u>		
American Association of Instructors for the Blind (68-20)	10,000	--
American Foundation for the Blind, Inc. (#767-T-69)	--	6,000
American Foundation for the Blind, Inc. (68-19)	9,100	--
Maryland, University of (68-5)	10,864	--
Michigan State University (#733-T-68)	10,600	--
National Industries for the Blind (#730-T-68)	15,000	--
New York Association for the Blind (#763-T-69)	--	6,000
Penhurst State School & Hospital (#762-T-69)	--	3,000
Southern Illinois University (#267-T-69)	--	30,072
Texas, University of (#515-T-69)	--	6,102
Western Michigan University (#284)	7,560	10,000
Wisconsin Bureau for Handicapped Children (68-2)	1,675	--
TOTAL	<u>\$ 64,799</u>	<u>\$ 61,174</u>

¹Source: Training Grant Program, FY 1968, 9/30/68, and file copies of Statements of Grant Awards.

SUMMARY OF TRAINING GRANTS AWARDED
REHABILITATION OF THE BLIND
FY1968 and 1969 (Continued)

Institution	FY 1968 ²	FY 1969
<u>IN-SERVICE TRAINING GRANTS</u>		
Arizona Welfare Dept. (#33)	495 ²	900
Arkansas Rehab. Services for the Blind (#88)	3,000	2,900
Conn. Board of Ed. and Services for the Blind (#14)	684	560
Delaware Comm. for the Blind (#47)	—	150
Fla. Council for the Blind (#77)	4,100	3,800
Iowa Commission for the Blind (#48)	1,972	2,093
Kansas State Dept. of Social Welfare (#19)	877	1,046
Maine Dept. of Health and Welfare (#27)	426	372
Michigan State Dept. of Soc. Welfare, Services for the Blind (#78)	1,005	871
Minn. State Services for the Blind (#49)	1,710	1,845
Miss. Div. for the Blind (#67)	3,600	3,300
Mo. Div. of Welfare, Bur. for the Blind (#80)	1,494	1,566
Montana Div. of Blind Services (#81)	700	600
Neb. Dept. of Services for the Visually Impaired (#43)	696	823
Nevada Services to the Blind Division (#37)	—	1,000
New Hampshire Div. of Blind Services (#54)	205	353
New Jersey Commission for the Blind (#9)	1,400	1,500
New York Commission for the Blind (#46)	—	2,500
North Carolina State Commission for the Blind (#79)	2,500	2,500
Ohio Dept. of Public Welfare (#30)	2,495	2,217
Pennsylvania Office for the Blind, Dept. of Public Welfare (#2)	7,000 (Short-term 2,350)	6,000
Rhode Island Div. of Services for the Blind (#22)	736	601
South Carolina Commission for the Blind (#87)	700	600
Tennessee Rehab. for the Blind (#68)	3,500	3,200
Texas Commission for the Blind (#11)	3,100	3,000
Vermont Division for the Blind	89	315
Virginia Commission for the Visually Handicapped (#70)	750	948
Washington State Dept. of Public Assistance (#44)	1,000	1,000
Wisconsin State Dept. of Public Assistance (#35)	365	264
TOTAL	\$ 46,949	\$ 46,824

²Source: Training Grant Program, FY 1968, Summary of Grants Awarded, 6/30/68.

NINDB GRANTS RELATED TO BLINDNESS
CURRENTLY ACTIVE

Grants No.	Title	Investigator and Institution	Period Dates	Grant Award
4738	Quantitative measures of echo-ranging in the blind	Charles E. Rice, Ph.D. Stanford Research Inst. Menlo Park, California	9/1/68-8/31/69	\$101,644
5342	Studies of carriers of inherited retinal disorders	Alex E. Krill, M.D. University of Chicago Chicago, Illinois	1/1/68-12/31/68	26,412
5505	The action of drugs and poisons on the eye	Albert M. Potts, M.D. University of Chicago Chicago, Illinois	10/1/68-9/30/69	45,836
6035	The effect of full-time contact lens wear	William R. Baldwin, D.O. Pacific University Forest Grove, Oregon	9/1/68-8/31/69	6,902
6199	Parasites as cause of blindness	Robert W. Davis, DVM Colorado State Univ. Fort Collins, Colorado	6/1/68-5/31/69	66,822
7198	Developmental genetics of the eye	Louis J. Pierro, Ph.D. University of Connecticut Storrs, Connecticut	9/1/68-8/31/69	29,682
7250	Nutrition's long term role in cataract development	W. Jann Brown, M.D. UCLA School of Medicine Los Angeles, California	5/1/68-4/30/69	37,736
7575	Effect of visual deprivation on the retina	Duco I. Hamasaki, Ph.D. University of Miami Miami, Florida	9/1/68-8/31/69	24,392
7633	Behavioral sciences and blindness	Thomas J. Carroll, A.B. American Center for Research in Blindness & Rehabilitation Newton, Massachusetts	4/1/67-3/31/69	150,000
8252	Research toward a reading system for the blind	James C. Bliss Stanford Research Inst. Menlo Park, Calif.	10/1/68-9/30/69	95,257

U. S. OFFICE OF EDUCATION RESEARCH PROGRAMS
FOR VISUALLY HANDICAPPED
Bureau of Education for the Handicapped - Division of Research

PROJECT NUMBER	TITLE DURATION COST	GRANTEE PRINCIPAL INVESTIGATOR	PURPOSE
5-0421	Improvement of Tactual Symbols for Blind Children 6/1/64 - 2/28/69 \$36,928	American Printing House for the Blind Louisville, Kentucky Carson Y. Nolan	To determine the minimum discriminable size of tactual map symbols, used by the blind, and to expand the number of symbols and combinations of symbols in use, to present more information readily on tactual maps.
6-1190	A Computer Translation of Grade Two Materials from Print to Braille 6/1/66 - 5/31/69 \$68,376	American Printing House for the Blind Louisville, Kentucky Robert L. Haynes	To achieve greater quality of production, to develop broad system applicability, and to study further the practicability of using data processing systems to translate braille.
6-1928	The Blind Learning Aptitude Test 6/1/66 - 2/28/69 \$47,100	University of Illinois Urbana, Illinois T. Ernest Newland	To consummate the standardization of a test of learning aptitude test for blind children already administered in the residential school of nine states and to blind pupils in 59 different day schools in 18 different cities in those states.
7-1112	Proposal for Research and Development of Tactile Facsimile Reading Aid for the Blind 1/1/68 - 1/31/69 \$250,977	Stanford University Stanford, California John C. Linville James C. Bliss	To develop an instrument which will optically scan and reproduce an enlarged tactile facsimile, of reading materials, on a sensing plate. This will make ordinary printing material available to the blind.

U.S. OFFICE OF EDUCATION RESEARCH PROGRAMS
FOR VISUALLY HANDICAPPED

Bureau of Education for the Handicapped — Division of Research (Continued)

PROJECT NUMBER	TITLE DURATION COST	GRANTEE PRINCIPAL INVESTIGATOR	PURPOSE
7-1167	Adaptation and Evaluation of an Informal Reading Inventory for the Blind 2/1/68 - 1/31/69 \$26,056	Southern Illinois University Carbondale, Illinois Allen Berger	To develop a braille reading inventory (test) to measure elementary school blind children's independent, instructional, and frustration levels in reading ability. The test will replace braille translations of other achievement tests used with seeing children.
7-1185	Development of an Expanded Reading Code for the Blind 9/1/67 - 8/31/70 \$106,415	University of Louisville Louisville, Kentucky Emerson Foulke	To develop an enlarged set of character of know high discriminability, from the braille code. The elements developed will be for use in communicating technical concepts such as mathematics, chemistry, and computer science.
8-0046	Aural Study Systems for the Visually Handicapped 2/1/68 - 1/31/72 \$211,435	American Printing House for the Blind Louisville, Kentucky Carson Y. Nolan	To compare the efficiency of listening and reading in learning and to make a task analysis of studying through listening. The results will be used to design a system of materials and techniques for study through listening.
8-0144	A System for Compact Storage of Information on Magnetic Tape Readable by Touch as Braille Charac- teristics by means of a Portable Reading Machine 6/6/68 - 6/5/70 \$100,000	Argonne National Lab. Argonne, Illinois Arnold P. Grunwald	The purpose of the proposed activity is to fully develop the system indicated in the title, included are productions of corresponding tapes by computers, particularly the development of publications formats for such tapes, and design and construction of a perfected reading machine.

U.S. OFFICE OF EDUCATION RESEARCH PROGRAMS
FOR VISUALLY HANDICAPPED
Bureau of Education for the Handicapped – Division of Research (Continued)

PROJECT NUMBER	TITLE DURATION COST	GRANTEE PRINCIPAL INVESTIGATOR	PURPOSE
8-8023	Development of Self- Study Instruments for Use in Accrediting 4/23/68 - 7/23/69 \$9,600	Nat. Accreditation Council for Agencies Serving the Blind & Visually Handicapped, Inc. New York, New York Geraldine T. Scholl	To develop instruments to be used in the self-study process by residential schools for visually handicapped children prior to a visit by an accreditation team.

U.S. VETERANS ADMINISTRATION, PROSTHETIC AND SENSORY AIDS SERVICE
RESEARCH ON AIDS FOR THE BLIND

Eugene F. Murphy, Ph.D.
Chief

Prepared by: Howard Freiberger
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This summary was prepared January 15, 1969 for use in the AAWB Annual. The data are supplementary to similar materials appearing in earlier issues of the Annual. Only active projects are mentioned here. The "Total Cost" entry shows the cumulative cost from the inception date indicated to January 15, 1969. The "FY '68 Cost" is the amount expended between July 1, 1967 and June 30, 1968. These costs, representing reimbursements to research contractors, are not always the same as obligations of funds to be made available to the contractors. The equipment purchase costs shown under notes (a) and (b) are in addition to the costs of research shown throughout the document.

Continuation Projects

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
V1005M-1253	Outputs for Reading Machines 4/1/57 to present Total Cost: \$322,031 FY '68 Cost: \$35,107	Haskins Laboratories, Inc. 305 East 43 Street New York, N.Y. 10017	F.S. Cooper, Ph.D. J. Gaitenby	To study audible outputs for reading machines for the blind, and to develop the psychoacoustic, linguistic, phonetic, electronic, and mechanical details necessary to achieve a first-rate output, i.e. some form(s) of machine-made speech not too different from natural speech.
V1005M-1254	Word-Reading Machine 4/19/57 to present Total Cost: \$27,000 FY '68 Cost: None	Haskins Laboratories, Inc. 305 East 43 Street New York, N.Y. 10017	F.S. Cooper, Ph.D.	To construct a machine capable of producing "compiled speech" from a tape-recorded library of some 7000 words spoken in a controlled way by a trained speaker. The device was demonstrated in 1966 and a contract-termination final report is now in preparation.

U.S. VETERANS ADMINISTRATION, PROSTHETIC AND SENSORY AIDS SERVICE
RESEARCH ON AIDS FOR THE BLIND (Continued)

Continuation Projects

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
V1005M- 1914	Sensory Aids Subcommittee 3/31/65 to present Total Cost: \$8,000 FY '68 Cost: \$1,500	National Academy of Sciences 2101 Consti- tution Ave., N.W. Washington, D.C. 20037	Prof. R.W. Mann Chairman A.B. Wilson, Jr. Exec. Director CPRD	To provide advisory and consulting services regarding research pro- grams in aids for the blind and for the deaf. To arrange meetings of specialists in appro- priate fields and to pub- lish minutes.
V1005M- 1943	Personal-Type Reading Machines 9/12/58 to present Total Cost: \$629,014 FY '68 Cost: \$105,592 (a) at a cost of \$74,905.	Mauch Laboratories, Inc. 3035 Dryden Road Dayton, Ohio 45439	H.A. Mauch G.C. Smith	To develop a reading machine for the blind which is relatively port- able, capable of inde- pendent use at higher reading speeds than possible with the opto- phone, and sufficiently low in cost that it may be acquired by an indi- vidual blind person. A prototype of the recog- nition machine with spelled-speech output was operated success- fully in 1968. Three ad- vanced models are to be delivered in 1969. Optophone-type devel- opments have also re- sulted from this work. The Visotoner with audible output, and the Visotactor "B" with tactile output are ex- amples. Thirty Viso- toners and ten Visotac- tors are to be delivered early in 1969. ^(a)

U.S. VETERANS ADMINISTRATION, PROSTHETIC AND SENSORY AIDS SERVICE
RESEARCH ON AIDS FOR THE BLIND (Continued)

Continuation Projects

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
V1005M- 9217	Obstacle Detectors for the blind 6/6/61 to present Total Cost: \$249,689 FY '68 Cost: \$13,483 (b)At a cost of \$45,000	Bionic Instruments, Inc. 221 Rock Hill Road Bala Cynwyd, Penna. 19004	J.M. Benjamin T.A. Benham D.R. Bolgiano E.D. Meeks	To construct a typhlo- cane employing fila- ment-reinforced mate- rials of superior mech- anical properties, and fitted with three gal- lium arsenide laser systems: one to probe space ahead at the head and shoulders height to give warning of impend- ing overhanging obsta- cles: a second to range ahead to give early warning through a tac- tile indicator of obsta- cles beyond cane reach: the third to monitor the terrain to give early warning of large drop- offs like stairwells and platform edges. A first operating model was demonstrated in Dec. 1966, an improved two-section collapsible model was built in 1967, and ten^(b) of the latest model will be de- livered in 1969 for use in a clinical application test program. Some work is also being done in application of new materials to ordinary and collapsible non-elec- tronic typhlocanes.

**U.S. VETERANS ADMINISTRATION, PROSTHETIC AND SENSORY AIDS SERVICE
RESEARCH ON AIDS FOR THE BLIND (Continued)**

Continuation Projects

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
V1005P- 365-A	Optophone trials 10/15/64 to present Total Cost: \$13,336 FY '68 Cost: \$2,696	Amer. Cent. for Research in Blindness and Rehabili- tation 770 Centre Street Newton, Mass. 02158	L.H. Riley, M.D.	To determine the per- formance attainable by blind individuals with the Battelle and other optophones.
V1005P- 376-A	Evaluation of the Kay Guidance Device 5/11/65 to present Total Cost: \$55,269 FY '68 Cost: \$2,589	Amer. Cent. for Research in Blindness and Rehabili- tation 770 Centre Street Newton, Mass. 02158	L.H. Riley, M.D.	To evaluate the ultra- sonic aid for the blind developed by L. Kay, Ph.D. and built in 1964 by Ultra Electronics Ltd., London, England. The closely controlled phases of this evalua- tion have been com- pleted and reported on in 1966. Currently a re- port is being compiled on the post-1966 work done under less struc- tured conditions in home and field.
V1005P- 977-A	Correspondence Courses - Training of Blind and/or Deaf-Blind 8/18/67 to present Total Cost: \$3,115 FY '68 Cost: \$2,258	Hadley School for the Blind 700 Elm Street Winnetka Illinois 60093	D.W. Hathaway M. Butow	To develop and validate correspondence courses for training of blind and/or deaf-blind per- sons in the use of per- sonal-type reading aids. Initial emphasis is on development of mate- rials useful for screen- ing by correspondence prospective students for more extensive in-resi- dence training at a school or center.

U.S. VETERANS ADMINISTRATION, PROSTHETIC AND SENSORY AIDS SERVICE
RESEARCH ON AIDS FOR THE BLIND (Continued)

Continuation Projects

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
V1005P- 5321	Spelled Speech 11/1/60 to present Total Cost: \$58,479 FY '68 Cost: None	Metfessel Laboratories P.O. Box 43164 Los Angeles, Calif. 90043	M.L. Metfessel, Ph.D. C. Lovell, Ph.D.	To develop an audible output for a reading machine for the blind operable on a letter-by- letter basis. The final contract-termination re- port has not yet been completed.
INTRA- VA	Staff work in VA R&D Div., PSAS	Research and Development Division Prosthetic and Sensory Aids Service 252 Seventh Avenue New York, N.Y. 10001	E.F. Murphy, Ph.D. H. Freiburger	The work of the Divi- sion includes INFOR- MATION DISSEMINA- TION (Papers in profes- sional journals, corre- spondence with others in the field, mainte- nance of a reference collection, bibliograph- ic activity, publication of a bulletin, arranging conferences, presenting talks), CONTRACT SUPERVISION, and limited in-house RE- SEARCH.
INTRA- VA	Clinical Application Program in Reading and Mobility Aids for the Blind 7/1/67 to present Total Cost: \$15,128 FY '68 Cost: \$9,774	Central Rehabilitation Section for Visually Impaired and Blinded Veterans VA Hospital Hines, Ill. 60141	J.D. Malamazian H.L. Lauer	To transfer research re- sults to clinical practice as rapidly as feasible; to train veterans and staff in the use of these new devices; to obtain infor- mation about the de- vices to aid in im- proving new designs.

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- V1005M-9217 Benjamin, J. M., Jr., "A Review of the Veterans Administration Blind Guidance Device Project," Bulletin of Prosthetics Research, BPR 10-9, pp. 63-90, Spring 1968.

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Bolgiano, D. R., J. M. Benjamin, Jr., E. D. Meeks, Jr. and T. A. Benham, "Guidance Cane for the Blind, Using Lasers," Paper 23.6, Proc. of the [20th] Annual Conf. on Eng. in Med. and Bio., Volume 9, Boston, Mass., 1967.

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**THE BEST OF THE PAST
FOR THE PRESENT:
NUMBER SIX OF A SERIES
OF REPRINTS**

TWO PAPERS BY DR. EDWARD E. ALLEN

1. OUR LIFE AT THE ROYAL NORMAL
COLLEGE AND ACADEMY OF MUSIC
FOR THE BLIND AS I REMEMBER
IT AFTER SIXTY YEARS (1948)*
2. IMPRESSIONS OF INSTITUTIONS
FOR THE BLIND IN GERMANY
AND AUSTRIA (1910)**

* Reprinted from the *Outlook for the Blind*, October 1948.

** Reprinted from the *Outlook for the Blind*, February 1910 and Spring 1910.

DR. EDWARD E. ALLEN

For several generations of educators of the blind Dr. Edward E. Allen was a man everyone knew, as well as the most assiduous note-taker and thinker of his time regarding problems of blindness and how to solve them. In his latter days he became the center of a storm of controversy over whether the trustees of the Perkins School “had the right to go outside the field” to choose his successor. This excited and preoccupied many people in a way that caused his contemporaries to talk about this when they spoke of him, rather than the decades of his achievements. Those achievements were rooted in the fertile soil of Sir Francis Campbell’s *Royal Normal College* in the 1880s and came to fruition in Dr. Allen’s rebuilding and reconstituting two schools for the blind – that at Overbrook, Penn. and the Perkins School at Watertown, Mass.

Dr. Allen always spoke and wrote for himself better than anyone spoke for him, as evidenced by two articles re-printed in this issue of BLINDNESS. One looked back after many years on what it was like to be a young apprentice teacher in the household of Sir Francis and Lady Sophia Campbell. The other was written after his travels in Europe to observe schools there before he moved the “old” Perkins School from South Boston to Watertown.

Light was shed on Dr. Allen’s total career in 1947 when he received the Shotwell Award and was addressed as: “. . . educator of blind youth for some fifty years, pioneer in the unfolding of an enriched program for their education, learned beyond all others in the heritage of the past and yet ever forward-looking, lifelong collector of books and equipment relating to blindness, advisor to educators from every land who came to Perkins seeking light, stimulator of research, teacher of teachers, wise counsellor in the field of adult education, prolific writer and author of innumerable articles, both popular and scientific, in this specialized field of education, inspired builder of two great modern school plants in which beauty of environment was united with an educational philosophy that sought to make them as little an institution as possible, understanding friend and advocate of the blind everywhere and tireless worker in every effort to ameliorate their condition, pioneer in the cause of prevention of needless blindness, founder, guide and friend of sight-saving classes in America, deep student of the problems of those who need special protection due to a second handicap, lifelong laborer in the effort to instill in the blind a belief in themselves and in the seeing an understanding and belief in the blind.”



Reprinted from "The Outlook"

From a photograph by R. E. Campbell

SIR FRANCIS CAMPBELL

"American by birth, Scotch by origin, English by residence, but whose real fatherland is the Kingdom of the Blind."

DR. ALLEN SAYS:

Our Life At The Royal Normal College And Academy of Music For The Blind, As I Remember It After Sixty Years

In 1885, during my call upon Dr. Campbell in Boston, about an opening to teach for him in England, he enlarged upon the chances to visit London often, Great Britain in the short vacations and the Continent during summers; then added that, while his resident teachers had many duties, there was still time to pursue a course at London University; that the salary was £ 100 in gold; but finally, that I would best consider the matter carefully before applying.

Well, having had enough of attending school, I eagerly welcomed release and a chance to earn; hence, wrote him so, promising to remain with him at least two years. The prospect of teaching blind boys somehow appealed to me; yet the real attraction was European adventure. I had once been to school over there and wanted to see Germany and Switzerland again.

Arrived at Upper Norwood, I found our college site to be only forty minutes by train from Old London. How very often we American teachers were to seek rest and refreshment there! When on the Continent we proudly registered as Londoners.

Near the college stood that attractive omnium-gatherum, the Crystal Palace. Who could forget its inimitable Christmas pantomimes or the world-famous Thursday fireworks display in its great park? Then, too, our own grounds were spacious and beautiful – an old estate with horse chestnut trees, a rose walk, and great clumps of rhododendrons; also long hedges of maybloom, where in spring “the yellow primrose peeps beneath the thorn”. There the friendly robin redbreast accosted us within his tiny domain, while skylarks twittered overhead.

Our mansion, within whose conservatories we all took meals was “The Mount”, reputed to have been the home of David Copperfield’s Dora; and nearby lived the world-famous Thomas Cook, prince of tourist agents, a friend and prop of the college. At his house might have seen Grip, the raven of Barnaby Rudge, so we were told.

Scarcely was I settled among my boys when the Doctor sang the charms of the tricycle. So, out of my second salary payment in sovereigns I ordered a convertible Rudge tandem, and on it gradually pedaled through much of the countryside. During the very first Christmas recess, groups of us visited Paris and, in succeeding Whitsuntides, Oxford, the Shakespeare Country, and the Isle of Wight. All was wonderland!

My duties were varied: at 6 a.m. the Doctor pressed a button, rousing me to put all the boys through their wake-up “swimmer”; at 7 we breakfasted (mostly on porridge); at 8 attended “prayers”, a song-service of charm. And, after recording the pupils’ previous day’s walk-rounds for the annual prize of a gold watch to boy and girl, spurred on by the Doctor’s cry: “Now, storm the castle, capture the fort, and take them all prisoners,” we went to classes, lessons, and supervision until the midmorning walk hour, when it was,

“Everybody out for thirty minutes”. At eleven the staff sat down, with Dr. and Mrs. Campbell, to a quick hot lunch (often Yorkshire pudding and roast beef cooked on a spit in that very room), to be immediately followed by classes until one, when came dinner for all groups, teachers with pupils; then from two to five by our several assignments, mine being chiefly leadership in roller skating, swimming, or track; and by supper at six. Evenings we teachers took chapel in turn, also study hour and reading aloud. To bed at nine and ten. Intermissions were frequent, so that our program was less strenuous than appears. The Doctor was everywhere and knew what everybody was doing. As for the classroom teaching of the juniors, it was a delight; they were so intelligent and eager. My three years of intimacy with them implanted in me ideals which nothing has dimmed. As for the seniors, their programs meant long hours of high pressure vocational training.

“Yes; but what about the winters?” a fellow teacher reminds me. True, they were very trying. Then Old Sol had gone on his annual visit to the Ethiopians, leaving us chilled and sad. We hibernated indoors and more and more fell to criticizing people and things. Evidently the damp climate disagreed also with the temperamental Doctor. He who could be gracious and even solicitous was then at his worst — irritable and hard to get along with; and he might spoil a beautiful chapel service with bursts of scolding and disciplining. Two such winters were as much as most of us Americans could stand; many departed thereafter for a more equable climate.

Read what the Londoner, Tom Hood, writes of November:

No sun — no moon! no morn — no noon —
No warmth — no cheerfulness — no healthful
ease;
No comfortable feel in any member —
No shade, no shine, no butterflies, no
bees. . .

Winter like that was followed, however, by as lovely a spring as can be imagined; the earth carpeted with verdure and with bloom such as New England never knows.

Another teacher, who remained five years, declares that she hates to hear any criticism of the Royal Normal College or of the Campbells. We two agree that their product and achievement were so great that all else should be forgotten.

I must mention our music and gymnastic exhibitions. They were many and arresting: afternoons at the college, evenings in London. Routine might be interrupted at any time. No matter! We cooperated; for new funds had continually to be raised and “seeing is believing” propagated. Pupil placement at large was a corollary of the preparation, and no one so placed dared to fail. The Doctor’s wrath was terrible. (“Even the blind beggars of London would flee to cover, if they heard of his approach.”) Indeed, ours was no traditional school, but decidedly unorthodox. Its very efficiency flowed from its creative audacity. Cooper, our man of all work from the beginning, used to say in all seriousness: “God mai hev mide eaven and herth, as the Bible sais, but I sai Doctor Cammel mide the Collige”.

One man’s genius at work with selected material, in the fittest environment, and without benefit of appeasement is my diagnosis. The outcome of his eleven years of effort in Boston had not been encouraging. He had got himself hated except by Dr. Howe who released several trained teachers to help start the overseas venture right. All-important too was the far-seeing conditioning by Dr. Armitage and the other blind

men of the British and Foreign Blind Association. Physical blindness alone seemed to know what was demanded. America could not have provided equivalent environment.

When, later, I asked Lady Campbell how her husband could have persuaded one Britisher after another, from Royalty down, to help him, she explained that because of his blindness and of his being an American, they overlooked his un-English, effusive approach and listened to him; then were generally won over by his evident sincerity, his dynamic example and enthusiasm in behalf of his fellows. Near the close of his life came naturalization and knighthood.

What a career for the poor little blinded boy of the Tennessee mountains! After his death, Lady Campbell, who had been the balance wheel for her extraordinary husband, collected a trunkful of data for his biography. What a thousand pities that she did not live to write it! No hero of the darkness deserves such a memorial more than does Sir Francis Campbell! If ever an institution was the lengthened shadow of one man, it was this Royal Normal College.

IMPRESSIONS OF INSTITUTIONS FOR THE BLIND IN GERMANY AND AUSTRIA

By Edward E. Allen

Before undertaking the responsible task of reconstructing the Perkins Institution, the trustees sent me abroad last spring to visit foreign institutions to learn what I could from their buildings, equipment, methods, and results. These would supposedly be somewhat different from those of the American schools, with many of which I was familiar. Then, too, I felt it would be helpful to meet and know personally the European workers for the blind, many of whom are widely celebrated in the profession.

Prof. Alexander Mell, director of the Royal Institution at Vienna, with whom the Perkins Institution has long been in touch, kindly made out my Continental itinerary, even arranging by personal letter for my reception at certain places, and nobody could have been more cordially received than I was at every one. I had spent two boyhood years in Germany, going to school and acquiring a speaking knowledge of German. This fact may have had something to do with my reception; it certainly enabled me to make a more searching inquiry into things than would otherwise have been possible in such short stops and necessarily incomplete surveys as I made. I found the twenty institution directors of Germany and Austria with whom I talked communicative and candid. My notes of these visits and conversations, covering 156 pages, were generally written evenings at the hotels or on the train, and so are fresh as well as full. On reaching a city, I first consulted a directory for the address of every local organization conducted by the blind or in their behalf. These included schools, institutions, working homes, workshops, homes for the aged, salesrooms, factories employing any blind people, stores, shops, or printing offices conducted by the blind, and associations for the blind, of which last there are very many in Europe. I visited the following places in the order given: Liverpool, Manchester, Edinburgh, Glasgow, London, Birmingham, Brighton, Leatherhead, Hamburg, Hanover, Brunswick, Halle, Leipsic, Chemnitz, Dresden, Breslau, Berlin, Prague, Vienna, Munich, Nuremberg, Stuttgart, Wiesbaden, Frankfort, Neuwied, Düren, Paris — in all some sixty-six organizations.

European workers for the blind who have not visited us gather from such illustrated annual reports as reach them that our institutions are grand and costly affairs compared with theirs. And it is a fact that we have usually paid more attention than they to buildings, equipment, and particularly to the appearance of our pupils. So that I would warn any American instructor of the blind who is accustomed to pride himself on the way his pupils appear — I would warn him to expect to find less attention paid to such matters, especially on the Continent; but I would urge him to suspend judgment on the character and efficiency of foreign institutions until he had visited several, observed them carefully, looked beneath the surface, and become able to see them from the viewpoint of those responsible for them. If he is able to do this promptly, he will be saved the initial disappointment and even resentment which I suffered, for example, upon seeing so many boys and young men in the institutions innocent of collars and ties or of shoe blacking, and with their heads clipped; those over seventeen, perhaps, smoking in the yard; and all

the girls without the least ornament or bit of color in their dress. Part of this is due to the fact that so many belong to the industrial department. But then there, as here, the blind come from homes of poverty, only there the poverty is greater and apparently more inevitable. The theory is that, except in the case of tobacco using, the habitual thrift so necessary at home should be followed by the pupils while at school; that collars and ribbons not only cost something, but that their use at school tends to lift the pupils' minds to the unattainable and dim, and only leads to home discontent. Therefore many institutions for the blind keep such things for Sundays and feast days, and the pupils are led to be thankful for them then, and they are so. Of course this bareness is not everywhere the case; for in one school, on finding pleasing attention paid to the aesthetic in dress, after coming from several where it was absent, I remarked upon it. My host said: "Yes; some of my fellow-directors, especially from Germany, have often blamed me for this, and called it an unwise and unwarranted luxury. We in Austria, in spite of the fact that money is less plenty here, do not commonly carry expediency so far; for example, we do not generally centralize our local efforts for the blind under one management and within one inclosure, preferring to classify and scatter them even in the same city. Perhaps this is less businesslike, and there is doubtless less harmony among our institution heads; but the blind benefit."

This remark prepares the way for another warning, which is that the American visitor to most European institutions for the blind, which he has been wont to think of as schools in the American sense, will discover them to be little school and big workshop; often to embrace also a boarding home for blind men, either learners or regular workers in the shop, a living home for blind women ditto, and occasionally even a retreat for the aged and infirm — a *Blindenabendfeierheim*, as the Germans very beautifully call the latter. Now the gathering together in one inclosure of all these departments, excellent though each is by itself, is what astonishes and perhaps shocks the American whose conviction it is that children are children, adults adults, invalids invalids, and that neither blindness nor deafness nor any other physical defect should throw into one community, even though they are more or less isolated from one another, school children, adult workers, and the invalid aged. The visitor to a foreign land must take things as he finds them and learn to look for the good. This frame of mind, once cultivated, will not only render him much more comfortable than otherwise, but will show him things in a new light. At any rate, the more open his mind the more correct his impressions will be and the more worthwhile his visit. I was some time in settling my mind to see things from the European point of view; in realizing that thrift and economy is the rule of the land, and that many customs are a survival from the past.

In America the lot and condition of the blind is unsettled, is ever changing, but it is hopeful. Assuming as we do that the properly trained blind youth can make good in the world, a large proportion of our graduates do so; hence our aim is to raise as many as possible to the plane of efficiency. But very many of our pupils who do not graduate from school fail to make good, some of these even leading a vagabond existence. Our results are thus probably at once far better and somewhat worse than those of Western Europe today. In Germany for instance, the whole matter has been thought over, worked over, and settled once for all, and this conclusion reached: *that blindness incapacitates one for earning his living; that it is folly as well as cruelty to expect the blind to get on in the world of competition without special aid; hence they must be spared the effort and the mortification of attempting it.* The blind are therefore no problem, as are the insane, and any excess of expenditure must go to the latter. One director told me that the blind should certainly not receive pure charity for nothing, but should be trained to receive it for something. This man, who is an extremist, not only believes but carries out his belief that all blind children of his community should be gathered into the institution, schooled and trained to the maximum efficiency in some trade, and be given regular employment



The Imperial Institution for the Education of the Blind, Vienna, a beautiful structure. An impressive statue of "Vater Klein," the Father of the Blind, stands in the entrance hallway. Founded in 1804, or next after the Paris Institution.

at it within the institution throughout their whole working life, and thereafter be kept on there in comfort until they die — a living illustration, this, of the completed system of caring for the blind from the cradle to the grave. Perhaps as they grow older they enjoy seeing ahead of them increased doles of tobacco, snuff, and beer. Most Germans, however, go on the principle that the blind should be trained to leave the institution in early adult life, but because they cannot take care of themselves, even though skilled, industrious, and businesslike, the institution must keep in touch with them always, and aid them as a parent would its children. It is settled that a few stock trades supply the best and most nearly self-sustaining occupations for the blind. Hence it is that the institutions seem to be mainly workshops — shops for beginners, for adult apprentices, and for skilled workmen. But such shops, with such industry, such results, we American school men, with our industrial department, never see at home. Our product is usually but incidental to instruction; the European is the real thing, and will stand competition. The instructors themselves are skilled artisans, real masters of handicraft, and are always men with sight. They are conscious of teaching the only practical subject of the school, and of being the chief agents of the effectiveness of the institution. To be sure, the girls are taught sewing and other women's handiwork, but only as a useful side issue. The government is naturally interested to purchase certain of the products of the public

institutions, and does so. At Leipsic I saw several huge boxes of horse brushes, made by the blind, stored and ready for the emergency of war.

In the three or four story buildings of such a compound institution as I have outlined, the workshops occupy the ground floor, if that is large enough; otherwise they may be continued in long, shedlike structures. The single kitchen is also on this floor; it is spacious, well equipped, and pleasing in every way. In those institutions which have recently rebuilt in whole or in part, like the lower school in a suburb of Breslau and the great institutions at Düren and Chemnitz, the kitchens have hotel equipment and are really splendid. I found central or wholesale cooking everywhere. A director admitted to me that this *Massenkochen* was not ideal, but cheap. Agreeable as is my recollection of these kitchens, I cannot say as much for the dining rooms I visited at meal time. The food was invariably good, plentiful, and provided five times a day (four times in the dining room and a lunch handed out elsewhere). The manner of serving seemed unnecessarily primitive, the bareness of it only showing off the table manners of the "inmates" in a cruel way. However, all ate with eagerness and satisfaction; everybody looked well fed; therefore, what more could they want? No director ever apologized to me for the sight; nevertheless, it was nearly everywhere the same, and remains the one blot in an otherwise memorable visit to some of the newest and grandest institutions in the world. It seemed a strange reflection of my impression that the German term for this part of the household is *Ökonomie*.

As a whole, the buildings themselves are better and finer than I expected to find them. Though some of the old ones are barracklike enough, all the newer ones – and



Public Institution for the Instruction of the Blind and of the Feeble-Minded of the Kingdom of Saxony, at Altendorf, a suburb of Chemnitz. The eighteen buildings devoted chiefly to the blind occupy about

reconstruction is busy over there — are models of their kind, both inside and out. I have never seen equal attention paid elsewhere to the comfort and whims of blind adults; for whereas the boys and the girls are generally slept in great dormitories, these adults are almost always given the privacy of single or double rooms, together with every reasonable liberty and privilege they can wish for. All save the aged and the infirm are required to work, but they receive their earnings, out of which they pay a nominal board or keep themselves, as the case may be. They appeared to me to be more contented with their lot than are the inmates of the American homes for the blind with which I am acquainted. I was troubled, however, to observe in one beautiful new home for the aged of both sexes that no effort whatsoever was made to induce the men and women to read, that greatest of all resources for the shut-in blind, and there was in the home a lending library of embossed books.

I must not stop to describe the many fine new buildings I saw, and it would be invidious to single out a few; but I must devote some space to the great new Saxon colony at Chemnitz, considered to be the most complete institution of its kind in the world. It is built on the separate house or so-called "pavilion plan," and is dual in nature; that is, it provides for about 300 blind and 500 feeble-minded youth. These two classes are a unit here only in that all the forty buildings are heated and lighted from a common plant, and that the same laundry, kitchen, gymnasium, and chapel does for all. It is claimed that the single great infirmary is resorted to by the feeble-minded only, the blind being rendered hardy and healthy by having to be out of doors, at least as much as is required to go from building to building several times a day and in all weathers. The whole colony is divided, quantitatively and qualitatively, as to living, schooling, working



one-half of the foreground. Although contrary to the Saxon plan of aftercare of former pupils, a small home (Mädchenheim) has been built just outside these grounds.

and playing. Every cottage has its own grounds and gardens. All are low structures, well built, bountifully equipped, and show unusual attention given to interior decoration. Though I spent but one day there, I never put in a fuller day, Director Dietrich leading me a magnificent chase of ten hours, with occasional stops for refreshments. My notes of this day, including a description of the famous Saxon system of aftercare, cover eighteen closely written pages.

The fine institution for the Catholic blind of the Rhine Province, at Düren, has recently added buildings on this pavilion plan, and the place is a good one to finish up with, as I did.

On the Continent, institution grounds are everywhere lovely, though very small, putting one in mind of Japanese gardens. The director has his own little kitchen garden and flower garden, where he not infrequently keeps bees for pastime; resident teachers also have their private plots; even the pupils have individual gardens. The visitor must not look for the prodigality of playground so common in America, however; in fact, he must not look for much of any real playgrounds as we understand them. There are always gymnasiums where physical exercise is carried out with the utmost system – even the men and women from the workshops being required to take regular relief exercise there. Outdoor bowling alleys are often met with, and one sees directed games in the yards and spirited soldier play. But there is nothing resembling sports in athletics. I inquired why. “Oh,” said my host, a most progressive director, “the public would never countenance it.” “But how does this concern the public?” asked I. “I’ll tell you a story,” said he. “A few years ago I put up certain jumping apparatus in my gymnasium. A boy fell from it and was hurt. The police learning of the occurrence, I was forthwith summoned before a magistrate to explain why I permitted anything in my institution which imperiled the safety of the blind. Of course I ordered the apparatus taken down, being naturally unwilling to invite further arrest. That is the reason we keep to a certain few accepted games. I judge you Americans are not so circumscribed.” I told him I should feel very sorry if we were hampered in this manner; that the life of the blind was too apt to be monotonous, and that our methods demanded the spur of new achievements, enthusiasms, and inspiration of environment. I am sure he felt that the European plan resulted in the greatest happiness to the greatest number.

Ah, but it does one good to talk with those men! Blindness and the blind is their business, their life work. They know it through and through as a profession, in which they have risen by merit to the post of something like village patriarchs. They know they will never be disturbed in position until compelled to retire on an old age pension. Therefore they are serenely secure and happy in the consciousness of having lived to good purpose in the service of others. My judgment of these directors is that they speak as men having authority, as experts who have advice for those who come to them.

Asking why so few of them publish annual reports, I found the reason to be that they do not have to; besides, such reports cost money. Of course the private institutions, which have a special board of managers, issue reports; but the public ones, which correspond to our state institutions, simply make written reports to those government educational authorities to whom alone they are responsible. A director of one such institution, who manages to send out yearly to the profession some 200 skeleton accounts of his admirable school and shop, had to beg for the privilege of thus wasting money intended for the benefit of the blind, the government official demanding, “What have other blind institutions to do with us?” Nevertheless, instead of regular reports, most directors issue occasional special treatises, monographs, reprints of convention papers, etc., which are of great intrinsic value – more so than annual reports written under compulsion are apt to be. It is customary for any great occasion or anniversary to

bring forth an exhaustive history. Jubilee and centenary histories of several institutions have recently appeared in *editions de luxe*.

Continental institutions for the blind, whether public or not, commonly have two fiscal accounts, one for moneys incidental to school instruction, including the necessary maintenance, and another for the department of trade teaching and the continued employment of discharged pupils, whether at the institution or elsewhere, the former being considered public funds, the latter private and charitable. The one is made necessary by the law of education for all; the other is based upon the established principle that all blind ex-school pupils need aftercare, and must have it, or the system would be incomplete. Compulsory school attendance from the sixth to the fourteenth year of age is meant to include the blind; but it cannot always do so, because compulsory *institutional* attendance is quite another matter, and exists only in one or two localities. I found one small day school in Vienna and a large one in Berlin, of which latter I shall have more to say; but Continental conviction is that the blind require special institutional life and schooling. Realizing as they do that a blind youth cannot learn a trade in the world, they provide him instruction at the institution, where he serves in apprenticeship of several years until he is thorough master of some handicraft. As soon as he is “confirmed,” and confirmation is expected for every child at about fourteen, he is henceforth a child no longer, goes no more to school, but to work. He is a “grown-up” — an *Erwachsene* — and as such, life is for him thenceforth labor. A bank account is opened, where he puts the proportion of his earnings allotted him. His savings are obviously according to his proficiency and his thrift. Every reasonable spur is used to get him to master his trade early. Still he is not thrust forth like a bird from its nest, but is kept on until fully prepared. In some places he is even retained as a boarder in the men’s home, which he is expected to leave sooner or later, when conditions are favorable. The women may remain in their home building until age or invalidism admits them to the retreat.

I have said that school instruction stops at fourteen, but just as compulsory “continuation lessons” are provided for the seeing youth of Germany up to their eighteenth year, or during their apprenticeship, so the blind apprentices receive a few hours weekly of continuation lessons. The instruction for them is special, also, having a direct bearing upon the trade to be followed, and consists of business arithmetic, simple bookkeeping, salesmanship, civics, and a full and complete knowledge of the materials entering, for example, into one of the two great staple trades of basket making or brush making — where the wires or the bristles come from, how they are produced, how they are imported, what their market price is, etc. All this is eminently practical, and naturally the young men, who are everywhere more restless than the young women, and are therefore more apt to branch out for themselves, receive more such lessons than they. The subject of continuation lessons for all working people is destined to receive the world over increased rather than diminished attention. German-speaking people, who are past masters in it, owe to it a great part of their industrial advancement.

To return to the matter of funds. Though there are a few free places in some institutions, as a rule all pupils, young and old, are paid for by their home parish or community, and, if so, the community’s sense of thrift is seldom equal to extending a child’s school days beyond the age required by law. For the sooner he begins to earn something at a trade, the earlier the parish begins to be relieved of the burden of his maintenance.

With the closing of his school days the pupil passes at once into the shop and the protection of the “aftercare” fund. Every institution has more or less money in a fund of this kind, received from private sources. Many rich people the world over act on the principle of *richesse oblige*, and Germany and Austria each does its part nobly. It is the proper thing for the merchants of Hamburg, for example, to bequeath certain sums to the

cause of the unfortunate, and there even the living expenses of the blind children in the school department of the institution are met from private association resources. Institutions having only small aftercare funds in their control can do but little with them. But such an institution as that at Chemnitz, which has accumulated a fund of nearly 2,000,000 marks, gives an example of big school and of larger aftercare. So Director Dietrich has two offices — one with a single clerk for his institution affairs, and one with four clerks for his aftercare duties; his institution may be said to run itself, while the care of his ex-pupils takes most of his time and energy. This work is complicated because it strives to deal adequately and yet justly with about 500 adult blind people, living all over the kingdom of Saxony, all of them former pupils of the institution. Imagine keeping in touch with all these scattered people through patrons, visits, and correspondence, supplying their raw materials at cost, often marketing their goods for them — keeping every one in a chain managed from the central institution by one man holding the purse strings — disciplining and regulating them through money doles according to their needs and merits; for each member receives something anyhow, from 40 to 200 marks a year, that is, unless, for example, he marries another blind person, for which indiscretion he would be dropped from the chain. Imagine all this, I say, and you have before you the essentials of the celebrated Saxon system of aftercare of its blind.

According to the Saxon plan, the natural desire of the individual for the freedom of home life, be it ever so humble, is consulted, and the blind are aided in every way to remain in the world. Then this plan does not sever home ties or relieve the relatives of all responsibility in the matter. I visited thirteen of these people in their rooms or in their own little workshops in the city of Chemnitz. Director Dietrich, who went with me, was everywhere welcomed gladly as “our director.” Was he not, indeed, a father to them? He was a smiling, happy man as he took me about, and his people certainly seemed thankful and contented — “contented with their bit of soup and sausage.”

This Saxon system depends for its success not only upon a large fund and devoted enthusiasm for the work, but also upon the fact that Saxony is a thickly settled and compact little kingdom. Most of the directors with whom I talked on the matter preferred to carry out the so-called mixed system of aftercare. Their theory is based upon the claim that some, perhaps most, of the blind, however well taught and thrifty, should be spared the loneliness and exertion of living and laboring in the community at large, claiming that life can there be at best a bare existence based on sentiment. Therefore the mixed system provides workshops, either letting the workers live scattered where they will, or encouraging them to have rooms in small communities of blind people, where they can be both protected and favored. Leipsic affords a most interesting example of the former practice (and there are many blind workers there not in the chain administered from Chemnitz), Berlin of the latter, where the Moon Blind Association now devotes itself to the carrying on of such a community house. There they say the blind enjoy life better when together; that they can work to greater advantage in a special workshop than in single rooms; and that living in one place and working in another affords the variety so necessary to equanimity in the rather monotonous life of the blind. It must be said, therefore, that the Germans have not settled the aftercare plan so satisfactorily to themselves as they have the kind of work the blind must do. The fact that quite a number of young men are prepared in most of the schools to tune pianos in factories, and do so, earning thereby twice as much as by any other trade, has no effect on the general proposition that the blind must follow one of the stock trades, and that the blind cannot earn their living and ought not to be asked to do so.

Ascertaining that the Royal Institution for the Blind at Steglitz, a suburb of Berlin, was having its spring recess early in April, I postponed my visit for a few days. I need not have done so, as the greater part of the institution — the workshops — was in full swing.

However, when I did go there I became at once as a former teacher of the blind profoundly interested. Thereafter I observed classes in many schools, always being deeply and fully impressed alike with the method and with the thoroughness of the instruction. The backward pupils are taught by themselves. The feeble-minded blind are not retained, but are provided for somewhere else, like other incapables. School teaching is most evidently a profession over there. The teachers are almost invariably men, and have been cautiously chosen for fitness. I say cautiously, because when once definitely appointed they cannot be removed except for extraordinary cause. They are nonresident in the sense of providing for themselves and families, either outside the institution or in suites of rooms inside. Most directors provide their own food, living in small suites, where it would be inconvenient to entertain guests. And indeed to do so is not a custom on the Continent. The teachers have supervisory duties in turn, and each is also in charge of some side department, such as the school printing office or the library. One man told me he gave forty hours a week to definite institution work. All whom I met were not only excellent instructors, they were earnest and devoted men, full of the subject and anxious to tell me about it. They showed me appliances in great variety and profusion, always accurately and well made, such as Braillewriters or guides for pencil writing, in Germany, and slates for pin-type writing, in Austria. At Nuremberg the director, who is blind, showed me his ingenious machine for writing common Roman capitals in points and one for writing two Braille letters at a stroke, something after the fashion of the American kleidograph. He also exhibited for me his building blocks for the blind and, what pleased me most of all, his method of drawing – simply warming with the fingers a wax-covered string and pressing it in desired outlines on to a common drawing board.

In every school there is a profusion of objects for instruction. No American school can show anything like such an array. These are not so much the expensive, stuffed specimens we are apt to think of as belonging to a school museum as they are common, every-day articles which children with sight see at one time or another and understand. There are the manifold objects for nature study, minerals, nuts and seeds, and native birds, not those of foreign countries; and the somewhat elaborate school productions, partly of former pupils, partly of teachers, representing in miniature (nearly all of them dissectible) such things as a coal or a salt mine, a church and steeple, a tannery, a mole's nest, an electric street car, and, floor by floor, the institution itself. There seemed no end to these things. The Imperial Institution at Vienna overflowed from special rooms to the walls of all school corridors and of many classrooms. The Jewish institution there had a huge room so full of models that once inside I felt like the man who couldn't see the wood for the trees.

In this latter institution, by the way, the director had the pupils do artistic clay and wax modeling for me, likewise elastic string and pin drawing; he also showed me good, practical working in simple carpentry, wood turning, bent wire and sandstone shaping. A class of small children at the beautiful new institution erected under Director Wagner, at Prague, were greatly enjoying themselves cutting, sawing, splitting, and boring wood by means of simple machines contrived by their clever teacher.

I could but be deeply impressed with all this sort of thing. The Germans are nothing if not practical. They permit little in school or in directed play which has not a pedagogic purpose. All this making and doing which I saw everywhere, while aiming as manual training to broaden and correct the children's experiences, yet has as chief end the perfection of the producing power of the hand. They call it *Handfertigkeitunterricht*, for which our nearest equivalent is "hand-training." It is perhaps the fundamental subject of the school curriculum, and is started with the child of five years in the kindergarten department, which they call the preparatory school – *Vorschule*. Just think what a deft and skilled hand means to the blind handicraftsman – a saving of raw material, an

economy of time, and the making of *marketable* wares, three factors in production which lead to mightier consequences to those who must labor in darkness than to those who can work in light. See the application of this hand training to brush making. The blind who cannot estimate quickly by touch and muscle-sense the proper number of bristles needed to fill similar successive holes in a brushback cannot profitably work at this excellent trade. If the bundle is too large, it will not go into the hole; if it is too small, it will not stay in. The workers are paid by the 100 holes filled; anybody who stops long to judge the number picked up or to count will earn but little. I was informed in more than one institution that girls, because of their more highly developed fingers, earn better wages at brush making than men do; at some places this trade, including every kind of brush except the tooth brush, has been reserved for the girls and women, because the men can profitably do a greater variety of things – such as willow basket work, mat and rope making, chair caning, and twisted straw chair seating, which is like our rush seating.

I do not mean to give the impression that the German schools confine themselves to motor activities. Their purely intellectual studies, while elementary, are doubtless as well taught as anywhere else in the world. I listened with delight to classes in grammar, literature, and mental arithmetic. Nevertheless, subjects like geography seem to be taught almost wholly by doing, measuring, and making; therein the German “thoroughness or nothing” principle appeared to me to fill up its measure and to run over. Nothing is left for the pupil to learn by himself; his initiative is not trusted. For instance, in his first year of geography – home geography – he begins with his classroom, which he investigates and reports on, measures and draws to scale, reproducing and placing everything in it correctly. Possibly this year may include other parts of the institution, but how much is unimportant, thoroughness as far as he gets being the end. When the whole institution and grounds are thus concretely understood, he begins, in somewhat the same way, the study of the city – the main streets, the location of the important buildings, particularly the railroad stations. After all this is fixed, he studies the state or district in which the institution city lies, and he does this usually by following the railroads on the map or by map drawing, corroborated later, more or less, by actual travel and by school excursions. Then succeeds a more rapid study of the country as a whole. If the class is bright or the teacher independent, there may be a little venturing into adjacent lands. When I jokingly asked if they ever by any possibility reached America, “Only by hearsay,” was the good-natured answer. “At the rate our German blind children travel it is evident that there is not time to go far afield in a subject like geography. Their school days, as such, come to an end at the age of fourteen. Nevertheless, our aim is to give pretty much the equivalent of the common or *Volkschule* training, and we generally succeed. No, we do not believe in the higher education of the blind, for it generally leads to discontent and unhappiness.”

A somewhat composite subject to which we American blind-school men pay little direct attention is perception lessons, sense cultivation, and “orientation.” We leave our pupils to pick up this sort of thing, and they seem to do so. The possession by the blind of the faculty of recognizing objects through their four senses, and the ability to locate themselves at any and all times in space and to get about readily alone, is deemed by the practical Germans a too vitally important one to be left to haphazard. Perhaps the German solicitude and the American confidence may profitably borrow something one from the other.

A realization of conditions in these foreign countries, where music is in the air and where competition in playing and teaching music is strenuous, will enable us Americans to judge leniently the attitude towards this subject held by Austrian and German schools for the blind. There being almost no chance for the blind musician to make good in the world, music is taught only from the standpoint of culture, pleasure, and exploitation. A

school for the blind would be a bare place indeed without music. A brass band is considered a safety valve, even in a working home for blind men. And so from the first there is much singing in the schools and much instrumental music. Choral work is everywhere excellent, as might be expected. School orchestras performed for me in several places most acceptably. In one place I was astonished at the skillful solo playing of one boy after another on the violin, flute, 'cello, and French horn. The school, which was a small one in a very musical city, employed a local celebrity to come in as music instructor. I congratulated the director on the results attained. "Yes," he said, "they play very well. It is a great satisfaction to them and it pleases the public." "But," said I, "is there no chance for any of these boys to follow music for a livelihood?" "Oh, no; not at all," he replied. "There is nothing for them but handicraft; their music will always be a pleasure and a solace to them, nothing more." I did not tell him how much better I enjoyed the playing when I closed my eyes and did not see the poor appearance of the players. This was the school where a popular bowling alley had been turned into a workshop and storerooms, because, as the director actually admitted, the balls kept getting out into the walks and were liable to cause stumbling and other accidents to the pupils. It was difficult for me always to acquiesce in the German finality.

I made several visits to the unique, nonresidential school and shops for the blind in Berlin. Here Director Kull conducts a most interesting institution. On the front of a square court the whole great building is workshops for "grown-ups." These come in daily from home or rooms in the city and work at the usual four trades of chair caning, basket making, brush making, and broom making. The aim is for each worker to become expert at one of these, and only one. The best and most rapid earns from three to four marks in a day of seven hours, but the average daily earnings are two marks, and the thrifty person who is content with mere creature comforts can subsist in Berlin on these two marks, though such a one expects and does receive auxiliary doles from the aftercare fund. Here, as also in other places, this fund provides country retreats to which tired women are sent in turn during the summer. On the other side of the court, occupying two floors, is the day school for sixty blind youth, which school makes the institution unique. Occupying the third floor is a city school for orphan (not blind) girls who have finished their ordinarily required schooling and come here to a continuation school for the domestic training which shall fit them to be house servants. The Berlin plan of caring for all charges being decentralizing, these orphans live with foster parents. They are required to conduct to and from school daily the blind children who live near them. Both are one-session schools and close at noon. I took pains to see them start out for home together, the little mothers leading by the hand one or two beknapsacked youngsters. To me this was a satisfactory though touching sight. Berlin alone is said to furnish the conditions favorable to such coöperation. But it works so well there I cannot see why it could not be made to do so elsewhere. No doubt the blind children miss the special care and opportunities inseparable from a good residential school, together with some music and physical training. (Their little gymnasium was half filled with raw materials and shop products.) This is on the one hand; on the other, they miss also the institutionization bound to follow any but the most alert and painstaking management of the usual institution. Nevertheless, here as elsewhere the common school leads to the trade school, with its continuation lessons, and to the inevitable workshop for most. A few of the young men prepare themselves to follow the trade of factory piano tuning, a much better paying though more limited occupation than the handicrafts.

There is in every institution a well-stacked library, consisting chiefly of books handwritten in Braille by philanthropic people of the leisure class, but also of many similar books embossed from machinemade plates. Though nearly every institution has a printing department of its own, where one or two blind girls do all the work of embossing the plates, printing the sheets, and binding the books, yet most of these books seem to

come from a few institution printing offices, such as Hanover, Berlin, and Vienna, and from the private presses of a most enterprising blind man in Hamburg. The plates are usually folds of zinc, embossed interlineally; the embossing appliances, stereotype makers of German pattern and manufacture — excellent machines, arranged to free the left hand of the operator for reading copy; and the printing presses, powerful hand-lever affairs, slow but sure in operation. So many institutions are printing that the whole number of publications is already large; and the books are sold for very little when compared with the results of our rapid process printing. We carry on printing as a business for the sake of providing the blind with a great deal of reading matter. The Austrians and the Germans prefer to make book production an opportunity to employ blind people, irrespective of whether the product is great or little. And they are able to undersell us every time. The Braille character employed is large gage to suit the touch of handicraft workers and many books appear in two editions, in contractions, and in full spelling, so as to suit all tastes and predilections. The libraries circulate books to outside readers, the institutions paying the first carriage, the borrower the return. There seemed to be no concession in transportation rates.

I have described the collections for object teaching found in every school visited. Two historical museums shown me — the recently collected and specially housed one at the Royal Institution at Steglitz; the other older and fuller one in the Imperial Institution in Vienna, which interested me greatly. They comprise specimens showing the evolution of appliances for the blind from the origins of the institutions to date. There are appliances simple and complex for tangible writing in Roman letter and every kind of line and point alphabet, the many and various means to enable the blind to correspond with friends who read with the eyes; sample books embossed in each of the various types and systems, from that of Haüy, in 1784, to that of Smith, in 1878; the number is too bewildering to notice here. I would refer the interested reader to the article, *Hochdruck für Blinde*, in Mell's Handbook, also, for a general description of the subject, to the article, *Museum des Blindenunterrichtes*, in the same volume. Besides every imaginable school appliance, there is in these museums shelf after shelf of books, literature, and pictures relating to blindness and the blind. It is no wonder that Mr. Anagnos, after inspecting, in 1900, the Vienna collection, a collection unmatched in the world, was inspired to get together the unique and special library he left behind him. Future students of the general subject are thus beholden to such farseeing collectors as have labored to gather and preserve in concrete form the story of progress and failure in our special work from the beginnings down to the present day.

When an American student visits thoughtfully the institutions I visited, and does this sympathetically and somewhat from the viewpoint of native experts in the subject, he must be a dull and opinionated man not to see that lessons have been taught him which he will not soon forget. And particularly is this true after browsing in their historical museums, for in them he perceives that the advanced methods and tools of today are but the resultants of much past thinking and devoted contriving how to be able best to make up to the blind for the want of the inestimable boon of eyesight. He who perhaps came criticising and slurring the crude steps of the past remains to be grateful and to pay his homage. True, the American sees abroad survivals with which he is happily far less encumbered. He rejects the settled dictum that all the blind must be brought to the common level of the handicraft trade, and that practically all are bound to be always objects of charity, and hence must be treated as subjects of it while still school children — brought to an institution and reared there in an atmosphere of blindness, with not only no probability of release, but rather the sure prospect of living and dying there. Where I found this thing it made me sad and resentful. Perhaps it was good business, but I could not reconcile myself to the inevitableness of it. I came gradually to understand, however, that the lot of these blind unfortunates was somewhat in line with that of other

poor and unfortunate people – in the tense struggle for existence life is hard and grinding for them all. Perhaps the statement given me by a positive German director, that as blindness incapacitates for the world, so he who sends them forth to sink or swim in battling with the waves of competition is no friend to the blind but a cruel and relentless foe – perhaps this point of view contains a grain of truth. All must admit its application to some blind people; by no means all the Germans would apply it generally. Indeed, I finally found one director who approved of our American plan of developing each blind pupil according to his ability and his bent, and he was doing this as far as he could. But his plan meant the separation at fourteen of the promising from the unpromising – the former to be pushed at every reasonable cost to efficiency and final independence, the latter to be perfected at some simple trade and employed at it either in the common workshop or elsewhere; at any rate, to have their lives smoothed away in kindly fashion as long as they lived. This, in his opinion, was not only good business, but also justice and true charity. With one modification I agreed with him: there are other means in America of earning one's way than by handicraft. I would therefore encourage and help as many as possible to work out their own salvation, not congregated in workshops or indeed congregated at all after school days, but distributed in the several communities in which they naturally belong.

The above paragraph contains in brief my impressions of the essential difference between the German and Austrian treatment of the blind and our own. It may be that the two will diverge less in the future than they do now, for in America the sense of responsibility for the adult blind, newly sprung up, is growing apace, while abroad the adult blind are now bestirring themselves for the betterment of their common lot. An organization has been recently founded in Germany, called the *Blindencongress*. It has had two meetings. This past summer has seen a split from this association, called the *Blindentag*, which met at Dresden.

Thus things pertaining to the blind are seen to be not wholly settled even in Germany. I found the directors of different minds there, just as the superintendents are here. I found the general tendency was towards either small institutions or the division of large ones into small groups for living and working; the building or rebuilding, according to the pavilion plan, of small, separate houses; and the expenditure of a good deal of money for beautiful structures and grounds, not omitting attention to decorations and to modern sanitary and hygienic conditions. I was surprised to find compulsory school attendance generally inapplicable to the blind – surprised to see expediency in dress and personal appearance so strongly and barely economical, and this part of the pupils care so often left to servants, and morning prayers so perfunctorily carried out in Protestant communities; surprised to perceive the institutions so much more workshops than schools, even the school life from the beginning being directed to a studied end; and the potent subject of music relegated to the province of mere pleasurable resource and publicity. I was not prepared to find co-education everywhere; nearly all the teachers men; no official, not even the director, receiving his living at the institution. I was profoundly impressed with the thoroughness of the teaching and the abundance of the equipment for object teaching and sense perception lessons, but disappointed at discovering no enterprise in sports and athletics. The whole tendency seemed to be more quieting than stimulating – a schooling of the blind for contentment with their lowly lot. But after all, I came away realizing that we Americans do not know everything about the work; that my foreign hosts were rather more expert in their own province than we in ours; and that for this they can thank stability of position, and we, instability. Nevertheless, my final reaction is that, as to the more promising ideal in the great future of the blind, the Americans have it.

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